


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90171 044 ***150.00

DOCUMENT # P97000027481

1. Entity Name
AZARIS, INC.



Principal Place of Business Mailing Address

9804 S MILITARY TRAIL **1100 S. FEDERAL HWY**
BAY 5 **SUITE 4**
BOYNTON BEACH, FL 33436 US **BOYNTON BEACH, FL 33435 US**



2. Principal Place of Business 3. Mailing Address

Site, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

9804 S. Military Trail
Bay 5
Boynton Beach, FL
33436 **USA**

01312006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

65-0778248 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAKRIS, JOHN A
1903 S CONGRESS AVENUE
SUITE 350
BOYNTON BEACH, FL 33426

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *AZARI* DATE: *2/15/06*

(Signature, typed or printed name of registered agent, and title, if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS AZARI, YACOV 5761 DESCARTES CIRCLE BOYNTON BEACH, FL 33437 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT AZARI, JOSEPH 9804 S MILITARY TRAIL BOYNTON BEACH, FL 33436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other jobs empowered.

SIGNATURE: *AZARI* *2/15/06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying Power