

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90022 002 ***150.00

44050249



DOCUMENT # P97000086630 1. Entity Name AZA VENTURES IX, INC.																													
Principal Place of Business 5752 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484				Mailing Address 5752 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484																									
2. Principal Place of Business 4205 West Atlantic Ave Suite, Apt. #, etc. Suite 201 City & State Delray Beach, FL Zip 33445		3. Mailing Address 4205 West Atlantic Ave Suite, Apt. #, etc. Suite 201 City & State Delray Beach, FL Zip 33445		03152003 Chg-P CR2E034 (10/03) 4. FEI Number 65-0799159																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable																									
6. Name and Address of Current Registered Agent SUTTON, EUGENE N 5752 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484 4205 West Atlantic Ave Suite 201 Delray Beach, FL 33445				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
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: 7/22/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> D <input type="checkbox"/> Delete SUTTON, EUGENE N 5752 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484 </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SUTTON, EUGENE N 5752 VINTAGE OAKS CIRCLE DELRAY BEACH, FL 33484	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4205 West Atlantic Ave., #201 Delray Beach, FL 33445 </td> </tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> <tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4205 West Atlantic Ave., #201 Delray Beach, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered. SIGNATURE: 7/22/04 561-496-7899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

attachment 44050249
#P97000086630

VINTAGE PROPERTIES

July 22, 2004

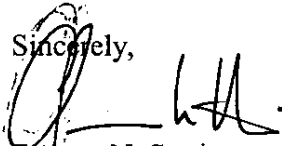
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

To Whom It May Concern:

This letter is to certify that AZA Ventures IX, Inc. did not receive it's Profit Corporation Annual Report for the year 2004. It is my understanding that since we did not receive our filing report that the late fee will be waived.

Please find our check in the amount of \$ 150.00 along with the reporting form for this years filing.

Sincerely,



Eugene N. Suttin