


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-28-2004 90022 003 ***150.00

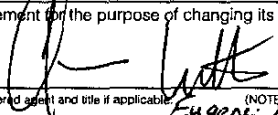
DOCUMENT # P97000086639	
1. Entity Name AZA VENTURES VIII, INC.	

Principal Place of Business XXXXXX 4205 West Atlantic Ave XXXXXX	Mailing Address XXXXXX 4205 West Atlantic Ave XXXXXX
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2. Principal Place of Business 4205 West Atlantic Ave Suite, Apt. #, etc. Suite 201	3. Mailing Address 4205 West Atlantic Ave Suite, Apt. #, etc. Suite 201
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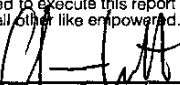
City & State Delray Beach, FL Zip 33445	Country	City & State Delray Beach, FL Zip 33445	Country
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6. Name and Address of Current Registered Agent SUTTIN, EUGENE N XXXXXX 4205 West Atlantic Ave XXXXXX Delray Beach, FL 33445	
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7. 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  DATE 7/22/04 <small>(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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTIN, EUGENE XXXXXX 4205 West Atlantic Ave XXXXXX Delray Beach, FL 33445	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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Eugene Suttin, Director	Date 7/22/04 Daytime Phone # 561-496-7899

Attachment 44050248
P97 0000 86639

VINTAGE PROPERTIES

July 22, 2004

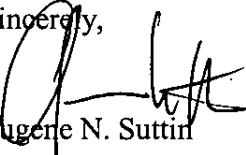
Division of Corporations
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

To Whom It May Concern:

This letter is to certify that AZA Ventures VIII, 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