


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90432 014 \*\*\*150.00

**DOCUMENT # P98000046696**

1. Entity Name  
**MICHAEL AZZIZZI, INC.**



Principal Place of Business      Mailing Address  
**412 ANCHORAGE LANE**      **412 ANCHORAGE LANE**  
**NORTH PALM BEACH, FL 33408-4806**      **NORTH PALM BEACH, FL 33408-4806**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**65-0840032**

Applied For  
 Not Applicable

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

04192007      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**

**SCHWEITZER, CHARLES E**  
**1040 BAYVIEW DRIVE #320**  
**FORT LAUDERDALE, FL 33304-2542**

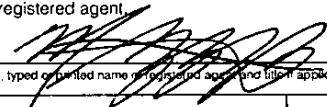
**7. Name and Address of New Registered Agent**

Name  
**MICHAEL AZZIZZI**

Street Address (P.O. Box Number is Not Acceptable)  
**412 ANCHORAGE LANE**

City      State      Zip Code  
**NORTH PALM BEACH      FL      33408**

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: **4/24/07**

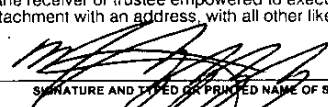
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW! FEE IS \$150.00**  
**After May 1, 2007 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	PDS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZZIZZI, MICHAEL	NAME	
STREET ADDRESS	412 ANCHORAGE LANE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 334084806	CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZZIZZI, CHERYL L	NAME	
STREET ADDRESS	412 ANCHORAGE LANE	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 334084806	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 like empowered.

SIGNATURE:       DATE: **4/24/07**      DAYTIME PHONE: **561-845-0753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR