


2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000067755**

1. Entity Name  
SHARON L. AZOULAY, P.A.



Principal Place of Business: 8525 SW 92 STREET SUITE B9 MIAMI, FL 33156

Mailing Address: 8525 SW 92 STREET SUITE B9 MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**



04222005 No Chg-P CR2E034 (10/03)

4. FEI Number: 65-0857459 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

AZOULAY, SHARON L  
8525 SW 92 STREET SUITE B9  
MIAMI, FL 33156

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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: \_\_\_\_\_  
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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AZOULAY, SHARON L
STREET ADDRESS	5820 SW 132 TERRACE
CITY-ST-ZIP	MIAMI, FL 33156
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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04/25/05-80108-008 150.00

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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)(f), 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 another like empowered.

SIGNATURE: Sharon L. Azoulay Sharon L. Azoulay 4/22/05 (305) 598-9988  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #