


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000097155</b> 1. Entity Name GALERIE AZUR, INC.	
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Principal Place of Business 1300 3RD. ST. SOUTH,STE.103E NAPLES, FL 34102	Mailing Address 1300 3RD. ST. SOUTH,STE.103E NAPLES, FL 34102
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<b>DO NOT WRITE IN THIS SPACE</b>
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01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3608488	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BROWN, ANNA L 1100 FIFTH AVE.,SO.,STE.201 NAPLES, FL 34102
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BULOT, MARIE 1300 3RD. ST. SOUTH,STE.103E NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>U00000004526 01/15/04-80016-012 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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:**  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/04 \_\_\_\_\_  
Date Daytime Phone #