

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000074496

Entity Name: AZN RESEARCH, INC.**Current Principal Place of Business:**1835 E. HALLANDALE BEACH BLVD # 833
HALLANDALE BEACH, FL 33009**Current Mailing Address:**1835 E. HALLANDALE BEACH BLVD
HALLANDALE BEACH, FL 33009 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CEO
Name	IGNATIEV, NIKOLAY
Address	1835 E. HALLANDALE BEACH BLVD # 833
City-State-Zip:	JACKSONVILLE FL 33009

Title	DIRECTOR
Name	IGNATIEV, NIKOLAY
Address	1835 E. HALLANDALE BEACH BLVD # 833
City-State-Zip:	JACKSONVILLE FL 33009

Title	SECRETARY
Name	IGNATIEV, NIKOLAY
Address	1835 E. HALLANDALE BEACH BLVD # 833
City-State-Zip:	JACKSONVILLE FL 33009

Title	TREASURER
Name	IGNATIEV, NIKOLAY
Address	1835 E. HALLANDALE BEACH BLVD # 833
City-State-Zip:	JACKSONVILLE FL 33009

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NIKOLAY IGNATIEV**TREASURER****03/28/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date