

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000078776

FILED
Mar 23, 2008
Secretary of State

Entity Name: AZORES DEVELOPMENT CORP

Current Principal Place of Business:

151 CARROLL STREET
NEW BEDFORD, MA 02740

New Principal Place of Business:

Current Mailing Address:

151 CARROLL STREET
NEW BEDFORD, MA 02740

New Mailing Address:

FEI Number: 04-3225557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MIGUEL, AFONSO E
33A BUNKER HILL DRIVE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MIGUEL, AFONSO E
Address: 151 CARROLL STREET
City-St-Zip: NEW BEDFORD, MA 02740 23

Title: VP () Delete
Name: MIGUELMELO, SUSANNE M
Address: 153 CARROLL STREET
City-St-Zip: NEW BEDFORD, MA 02740

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIGUEL, AFONSO E
Address: 151 CARROLL STREET
City-St-Zip: NEW BEDFORD, MA 02740

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: AFONSO E MIGUEL

P

03/23/2008

Electronic Signature of Signing Officer or Director

_____ Date