## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 03, 2007 8:00 am Secretary of State 05-03-2007 90066 014 \*\*\*158.75 **DOCUMENT #832355** 1. Entity Name AVATAR HOLDINGS INC. Principat Place of Business Mailing Address 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE 12TH FL 12TH FL CORAL GABLES, FL 33134-5102 CORAL GABLES, FL 33134-5102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04042007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 23-1739078 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KERRIGAN, JUANITA I Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134 City Zip Code FΙ 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS TITLE Delete TITLE Change FLETCHER, PATRICA K GETMAN, DENNIS J. NAME NAME 201 ALHAMBRA CIR STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS CORAL GABLES, FC 33134 CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-73P TITLE Delete TITLE ☐ Change ★ Addition NASH JOSHUA KELFER, GERALD D NAME NAME 201 AZHAMBRA CIR STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP CORDI GABLES, FL 33134 TITLE ☐ Delete TITLE ☐ Change **Addition** MCNAIRY, CHARLES SIMON, JOEL NAME NAME 201 ALHAMBIZA CIR STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-71P CORAL GABLES, FL 33134 CONH CARDIES, FL 33134 Addition TITLE vs ☐ Delete TITLE BREA, EDUANDO KERRIGAN, JUANITA I. NAME NAME 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS 201 ALHAMBRA CIR STREET ADDRESS 33134 CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP CORAL GABLES, 13 ☐ Delete Change Addition TITLE TITLE ÉINIGER, ROGER W 201 ALHAMBRA CIR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP CORAL GABLES, 19 33134 TITLE ☐ Delete ☐ Change **Addition** DRESNER, MILTON NAME NAME 201 Azuramerza CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES PC 33134 12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

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