


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90308 036 ***150.00

DOCUMENT # 1. Entity Name <i>IOAN AND AURELIA AVRANI CORP.</i>	
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54045873

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>253-C COMERCIAL BLV. SUITE, APT. #, ETC. SUITE C.</i>	3. Mailing Address <i>253-C COMERCIAL BLV. SUITE, APT. #, ETC. C.</i>
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DO NOT WRITE IN THIS SPACE

City & State <i>FLORIDA LAUDERDALE BY THE SEA</i>	City & State <i>FLORIDA LAUDERDALE BY THE SEA</i>	4. FEI Number <i>65-1102451</i>	Applied For No: Applicable
Zip <i>33308</i>	Country <i>U.S.A</i>	Zip <i>33308</i>	Country <i>U.S.A.</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>IOAN AND AURELIA AVRANI.</i>	
Street Address (P.O., Box Number, is Not Acceptable) <i>954 NE 34 CT OAKLAND PARK.</i>	
City <i>FT. LAUDERDALE</i>	FL Zip Code <i>33334</i>

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 *04-26-04*

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>AURELIA AVRANI DIRECTOR 253-C COMERCIAL BLV. SUITE C LAUDERDALE BY THE SEA FL 33308</i>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<i>IOAN AVRANI FL 33308 VICE PRESIDENT 253-C COMERCIAL BLV. LAUDERDALE BY THE SEA FL 33308</i>	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like information.

SIGNATURE: *[Signature]* _____ DATE _____ DAYTIME PHONE # _____

CR2E034B (12/02)