


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90094 044 \*\*\*150.00

DOCUMENT # P02000082678	
1. Entity Name AVOR ENTERPRISES, INC.	

Principal Place of Business 21900 LAKE FOREST CIRCLE BOCA RATON, FL 33433	Mailing Address 21900 LAKE FOREST CIRCLE BOCA RATON, FL 33433
---	---

40047636



2. Principal Place of Business 6837 BRIDLEWOOD Suite, Apt. #, etc.	3. Mailing Address 6837 BRIDLEWOOD Suite, Apt. #, etc.
--	--

03172005 Chg-P CR2E034 (10/03)

City & State BOCA RATON FL	City & State BOCA RATON FL	4. FEI Number 54-2071148	Applied For <input type="checkbox"/> Not Applicable
Zip 33433	Country	Zip 33433	Country

6. Name and Address of Current Registered Agent ACCURATE CONCEPTS, INC. 1500 UNIVERSITY DR STE 201G CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name ORLY SABAG Street Address (P.O. Box Number is Not Acceptable) 6837 BRIDLEWOOD City BOCA RATON FL Zip Code 33433
--	--

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: Orly Sabag DATE: 4-2-05

(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE Change	<input type="checkbox"/> Addition
NAME SABAG, ORLY		NAME ORLY SABAG	
STREET ADDRESS 21900 LAKE FOREST CIR STE 102		STREET ADDRESS 6837 BRIDLEWOOD	
CITY-ST-ZIP BOCA RATON, FL 33433		CITY-ST-ZIP BOCA RATON FL 33433	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Orly Sabag DATE: 4-2-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #