



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90162 027 \*\*\*150.00

<b>DOCUMENT # P05000108251</b> 1. Entity Name <b>AV &amp; B ASSOCIATES, INC.</b>					
Principal Place of Business <b>15391 S. DIXIE HWY. SUITE 58 VILLAGE OF PALMETTO BAY, FL 33157</b>			Mailing Address <b>15391 S. DIXIE HWY. SUITE 58 VILLAGE OF PALMETTO BAY, FL 33157</b>		
2. Principal Place of Business <b>15391 S. Dixie HWY</b> Suite, Apt. #, etc. <b>Suite 58</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Village of Palmetto Bay, FL</b>		City & State		4. FEI Number <b>20-3291275</b>	
Zip <b>33157</b>		Country <b>Dade</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>VASCONCELOS, AMALIA M. G. 15391 S. DIXIE HWY. SUITE 58 VILLAGE OF PALMETTO BAY, FL 33157</b>				7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 <u><i>Amalia Vasconcelos</i></u> DATE <b>04/21/2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>VASCONCELOS, AMALIA M. G. 15391 S. DIXIE HWY., SUITE 58 VILLAGE OF PALMETTO BAY, FL 33157</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Amalia Vasconcelos</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>04/21/2006</b> Daytime Phone # <b>3059546005</b>	