

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**



**DOCUMENT # P98000047531**

1. Entity Name  
**A.V. SERVICES INTERNATIONAL CORP.**

Principal Place of Business  
**3292 STIRLING RD  
 HOLLYWOOD, FL 33021 US**

Mailing Address  
**3292 STIRLING RD  
 HOLLYWOOD, FL 33021 US**



07042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FFI Number **65-0839397** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PIEDRA, AURELIO A  
 780 NW LE DEUNE RD #516  
 MIAMI, FL 33126**

**DO NOT WRITE  
 IN THIS SPACE**

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$550.00  
 Due by September 7, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE: PSD  
 NAME: VILAR, CARMEN  
 STREET ADDRESS: 300 DIPLOMAT PKWY #409  
 CITY-STATE-ZIP: HALLANDALE, FL 33009

TITLE: VD  
 NAME: VILAR, RAUL E  
 STREET ADDRESS: 300 DIPLOMAT PKWY #409  
 CITY-STATE-ZIP: HALLANDALE, FL 33009

TITLE: TD  
 NAME: VIIAR, ENRIQUE R  
 STREET ADDRESS: 300 DIPLOMAT PKWY #409  
 CITY-STATE-ZIP: HALLANDALE, FL 33009

TITLE:  
 NAME:  
 STREET ADDRESS:  
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 STREET ADDRESS:  
 CITY-STATE-ZIP:

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**DO NOT WRITE  
 IN THIS SPACE**

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:

*Carmen Vilar*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/05

954-966-9300  
 Website: www.sos.fl.gov