2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State
04-11-2006 90105 012 ***150.00

DOCUMENT # P03000120591

1. Entity Name
AVILA SERVICES, INC.

Principal Place of Business	Mailing Address
7502 SUGAR BEND DRIVE ORLANDO, FL 32819 US	7502 SUGAR BEND DRIVE ORLANDO, FL 32819 US

03222006 Chg-P CR2E034 (11/05)

	2. Principal Place of Business		3. Mailing Address	
	14242 Sonco Avenue		14242 Sonco Avenue	
Suite, Apt. #, etc.				
City & State	Windermere FL		Windermere FL	
Zip / Country	34786	USA	34786	USA

4. FEI Number 52-2406313 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, HECTOR
7502 SUGAR BEND DRIVE
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: Hector Contreras
Street Address (P.O. Box Number is Not Acceptable): 14242 Sonco Avenue
City: Windermere FL Zip Code: 34786

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONTRERAS, HECTOR 7502 SUGAR BEND DRIVE ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Contreras, Hector 14242 Sonco Avenue Windermere, FL 34786	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CONTRERAS, GIGLIOLA 7502 SUGAR BEND DRIVE ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Contreras, Gigliola 14242 Sonco Avenue Windermere, FL 34786	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Hector Contreras 3/22/06 407 929 4395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #