


2006 FOR PROFIT CORPORATION / ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 348890

1. Entity Name
AVATAR DEVELOPMENT CORPORATION



Principal Place of Business 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134
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DO NOT WRITE IN THIS SPACE



03292006 No Chg-F CR2E034 (11/05)

4. FEI Number 59-1270989	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KERRIGAN, JUANITA I.
 201 ALHAMBRA CIRCLE
 12TH FL
 CORAL GABLES, FL 33134**

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

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVY, MICHAEL 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCNAIRY, CHARLES 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GETMAN, DENNIS J. 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KERRIGAN, JUANITA I. 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELFER, GERALD 201 ALHAMBRA CIRCLE MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/16/06-80021-025 158.75

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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: *Juanita I. Kerrigan, Secretary* 4/24/06 (305) 442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
JUANITA I. KERRIGAN