

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P99000016434		
1. Entity Name AVIOLA, INC.		
Principal Place of Business C/O LUIS DE ARMAS 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI, FL 33131	Mailing Address C/O LUIS DE ARMAS 1500 MIAMI CENTER, 201 S. BISCAYNE BLVD. MIAMI, FL 33131	



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0923274	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION COMPANY 201 S. BISCAYNE BLVD 1600 MIAMI CENTER, SUITE 1500(LAD) MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

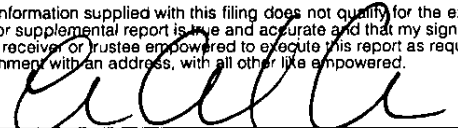
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST DE ARMAS, LUIS A 1500 MIAMI CENTER 201 S BISCAYNE MIAMI, FL 33131
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UD00000846672
03/18/08-80037-021-150.00

DO NOT WRITE IN THIS SPACE

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:  **PAES** **2-25-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #