

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001071

Entity Name: AVI'S HOUSE INC.

**Current Principal Place of Business:**

8407 PINES BLVD  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

326 GAIL POND DR.  
LAWRENCEVILLE, GA 30045 US

FEI Number: 46-4688650

Certificate of Status Desired: No

**Name and Address of Current Registered Agent:**

SWILLEY, DUANE  
8407 PINES BLVD  
PEMBROKE PINES, FL 33024 US

*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.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name SWILLEY, DUANE  
Address 8407 PINES BLVD  
City-State-Zip: PEMBROKE PINES FL 33024

Title VP  
Name SWILLEY, DEBORAH L  
Address 8407 PINES BLVD  
City-State-Zip: PEMBROKE PINES FL 33024

Title D  
Name MARROQUIN, MARCO  
Address 8407 PINES BLVD  
City-State-Zip: PEMBROKE PINES FL 33024

Title D  
Name DOAN, JOAN  
Address 8407 PINES BLVD  
City-State-Zip: PEMBROKE PINES FL 33024

Title D  
Name PADRON, JAVIER  
Address 8407 PINES BLVD  
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR  
Name CASORIA, JOEL  
Address 8407 PINES BLVD  
City-State-Zip: PEMBROKE PINES FL 33024

Title DIRECTOR  
Name SWILLEY, JOSHUA  
Address 8407 PINES BLVD  
City-State-Zip: PEMBROKE PINES FL 33024

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: JOSHUA SWILLEY

DIRECTOR

01/21/2021

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date