

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001071

**Entity Name:** AVI'S HOUSE INC.

**Current Principal Place of Business:**

3092 SW 165 AVE  
MIRAMAR, FL 33027

**Current Mailing Address:**

3092 SW 165 AVE  
MIRAMAR, FL 33027 US

**FEI Number:** 46-4688650

**Certificate of Status Desired:** No

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

SWILLEY, DUANE  
3092 SW 165 AVE  
MIRAMAR, FL 33027 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 3092 SW 165 AVE  
City-State-Zip: MIRAMAR FL 33027

Title VP  
Name SWILLEY, DEBORAH L  
Address 3092 SW 165 AVE  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name MARAQUIN, MARCO  
Address 3092 SW 165 AVE  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name DOAN, JOAN  
Address 3092 SW 165 AVE  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name KURZWEIL, DANIEL  
Address 3092 SW 165 AVE  
City-State-Zip: MIRAMAR FL 33027

Title D  
Name PADRON, JAVIER  
Address 3092 SW 165 AVE  
City-State-Zip: MIRAMAR FL 33027

Title DIRECTOR  
Name CASORIA, JOEL  
Address 3092 SW 165 AVE  
City-State-Zip: MIRAMAR FL 33027

*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:** DUANE SWILLEY

**PRES**

**01/03/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date