


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90011 001 ***150.00

DOCUMENT # 616781		
1. Entity Name AVILA REALTY, INC.		
Principal Place of Business 15436 N. FLORIDA AVE. SUITE 200 TAMPA, FL 33613	Mailing Address PO BOX 270603 TAMPA, FL 33688	



509 GUI SANDO DE AVILA
TAMPA, FL 33613

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TAMPA, FL 33613

01202004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1904278

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent SIERRA, JOHN ROBERT JR 15436 N FLA AVE SUITE 101 SUITE 101 TAMPA, FL 33613	7. Name and Address of New Registered Agent 509 GUI SANDO DE AVILA TAMPA, FL 33613 Zip Code
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POST SIERRA, JOHN R JR 15436 N FLA. AVE. TAMPA, FL 0, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	509 GUI SANDO DE AVILA TAMPA, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: JOHN R. SIERRA JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 813963-5856
Date Daytime Phone # 27