

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # F00000000031

1. Entity Name
AVEX INDUSTRIES, LTD. COMPANY



Principal Place of Business
**206 GLEN ST. - FIFTH FLOOR
GLEN FALLS, NY 12801**

Mailing Address
**206 GLEN ST. - FIFTH FLOOR
GLEN FALLS, NY 12801**



07272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1725923

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TORRICO, RAFAEL
1103 EAST AMELIA STREET
ORLANDO, FL 32803**

**DO NOT WRITE
IN THIS SPACE**

7. 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

Signature, typed or printed name of registered agent and filer if applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

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
**P
SPRINGER, JACK JR.
206 GLEN ST. - FIFTH FLOOR
GLEN FALLS, NY 12801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
IANNIELLO, ANTHONY R
805 ROUTE 146 - NORTHWAY NINE PLAZA
CLIFTON PARK, NY 12065**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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U00000377760
09/07/05-80014-004 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

8/31/05 518 747-2210 ext 101