

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # F03000005538

1. Entity Name
AVIA PARTNERS, INC.



Principal Place of Business
5918 STONERIDGE MALL ROAD
PLEASANTON, CA 94588

Mailing Address
TAX DIVISION
5918 STONERIDGE MALL ROAD
PLEASANTON, CA 94588-3229



02012008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 94-3022728	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

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

(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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JARVILL, MERLE
STREET ADDRESS	20427 NORTH 27TH AVENUE
CITY-ST-ZIP	PHOENIX, AZ 85027

TITLE	VTD
NAME	FOX, BRADLEY S
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 94588

TITLE	VSD
NAME	GORDON, ROBERT A
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 94588

TITLE	AVAS
NAME	STOKELY, DENNIS
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 94588

TITLE	AVAS
NAME	KNIGHT, ROBIN
STREET ADDRESS	5918 STONERIDGE MALL ROAD
CITY-ST-ZIP	PLEASANTON, CA 94588

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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:

Robin H. Knight
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 2008
Date

925-226-5312
Toll-free Phone #

Robin H. Knight, Asst. Treasurer