


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F86279 1. Entity Name AVI, INCORPORATED		
Principal Place of Business 479 HOLIDAY DRIVE HALLANDALE, FL 33009	Mailing Address 479 HOLIDAY DRIVE HALLANDALE, FL 33009	



06052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2375339	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DROR, YOAV 479 HOLIDAY DR. HALLANDALE, FL 33009	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

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	PD DROR, YOAV 479 HOLIDAY DRIVE HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DROR, ROSA 479 HOLIDAY DRIVE HALLANDALE, FL 33009
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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:  **YOAV DROR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-06 9542322304
Date Daytime Phone #