

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

**Jan 13, 2006 0
Secretary of**

DOCUMENT # F95158
 1. Entity Name
AVIV CONSTRUCTION CORP.



Principal Place of Business
**2775 W OKEECHOBEE ROAD
 LOT 142
 MIAMI, FL 33010-1057**

Mailing Address
**P.O. BOX 441714
 MIAMI, FL 33144-1714**



01072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2223099 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**SANTANA, ELISEO
 2775 W. OKEECHOBEE RD.
 HIALEAH, FL 33010-1057**

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 _____ 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, 2006 Fee will be \$550.00**

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

000000385439
 01/18/06-80016-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SANTANA, ELISEO 2775 W OKEECHOBEE ROAD LOT 142 HIALEAH, FL 330101057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SANTANA, ERNESTO 2775 W OKEECHOBEE ROAD, LOT 142 HIALEAH, FL 330101057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HEREDIA, ARQUIMEDES 2775 W OKEECHOBEE ROAD, LOT 142 HIALEAH, FL 330101057
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 empowerments.

SIGNATURE: *Eliseo Santana* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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 empowerments.

SIGNATURE: *Frank Morales* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1-10-06 954-427-4780