2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H12734

1. Entity Name

AVENUE IMPORTS, INC.



FILED Apr 16, 2008 08:00 A Secretary of State

Principal Place of Business

5913 GEORGIA AVENUE WEST PALM BEACH, FL 33405 Mailing Address

5913 GEORGIA AVENUE WEST PALM BEACH, FL 33405



DO NOT WRITE IN THIS SPACE

04132008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2423096 Applied For
Not Applicable

5. Certificate of Status Desired Fee Required
Fee Required

6. Name and Address of Current Registered Agent

HEERMANCE, TIMOTHY W. 5913 GEORGIA AVE.

WEST PALM BEACH, FL 33405

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 AND					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FIL	E NOWIII FEE IS \$150.00 by 1, 2008 Fee will be \$550.00	9. Election Campaign F Trust Fund Contribut	inancing (***	\$5.00 May Be Added to Fees	04/29/08-80011-016 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE	PD				
NAME	HEERMANCE, TIMOTHY W.		•		
STREET ADDRESS	5913 GEORGIA AVE.				
CITY-ST-ZIP	WEST PALM BEACH, FL 33405				
TITLE					
NAME					
STREET ADDRESS			1		
CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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CITY-ST-ZIP			1		
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information					

12. Thereby Certify that the information supplied with this filling does not quality 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:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/4/08 56/-588-6811