2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L95031

Address:

City-St-Zip:

Entity Name: A. V. PROPERTIES, INC

FILED May 21, 2009 Secretary of State

_many man	71. 1.11	er Errizo, irvo.			
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
4280 GAL	T OCEAN DR	IVE			
#8P	ERDALE, FL	333085425			
Current Mailing Address:			New Mailing Add	New Mailing Address:	
PO BOX 908, EASTWOOD STATION SYRACUSE, NY 13206216			PO BOX 908, EASTWOOD STATION SYRACUSE, NY 13206908		
FEI Number	: 65-0213659	FEI Number Applied For ()	FEI Number Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
SUITE 160	ÓWARD BLVE				
	named entity e of Florida.	submits this statement for the	purpose of changing its regis	stered office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	ng Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DV (FALSO, ADOL 1730 VENEZI/ NAPLES, FL	4 WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ORLANDO, FE 4280 GALT O) Delete ELIPPA F CEAN DR, 14A RDALE, FL 33308	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	ST (VERBECK, JO 4509 SEVEN I CAZENOVIA, I	PINES DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	() Delete	Title: BOOK Name: BEHLI	() Change (X) Addition EN. SUSAN R BOOKKEE	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

PO BOX 908

SYRACUSE, NY 13206

SIGNATURE: SUSAN R. BEHLEN BOOK 05/21/2009