


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M46753</b> 1. Entity Name AVIA, INC.	
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Principal Place of Business 2701 S.W. 2ND AVENUE FT. LAUDERDALE, FL 33315	Mailing Address 2701 S.W. 2ND AVENUE FT. LAUDERDALE, FL 33315
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02072007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0000906	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MORITZ, ERNEST 1424 NW 8TH ST. DANIA, FL 33004
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORITZ, ERNEST 1424 NW 8 ST DANIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORITZ, CLAUDETTE 1424 NW 8 ST DANIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORITZ, JACQUES L. 1424 NW 8 ST DANIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORITZ, LOUIS P. 1424 NW 8 ST DANIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORITZ, MICHAEL L. 1424 NW 8 ST DANIA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORITZ, MARC L. 1424 NW 8 ST DANIA, FL

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02/20/07-80055-015 150.00

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/07

Date

954-646-7709

Daytime Phone #