FILED
Jun 01, 2004 8:00 am
Secretary of State
04-26-2004 91054 040 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000005782

1. Entity Name
AVSO REALTY, INC.

[redacted]

Principal Place of Business	Mailing Address
1050 EAST 16TH STREET HIALEAH, FL 33010	1050 EAST 16TH STREET HIALEAH, FL 33010

04022004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3325 GRIFFIN RD		3325 GRIFFIN RD	
Suite, Apt. #, etc. SUITE 108		Suite, Apt. #, etc. SUITE 108	
City & State FT. LAUDERDAL		City & State FT. LAUDERDAL	
Zip 33312	Country USA	Zip 33312	Country USA

4. FEI Number 22-3736877 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~ZEITOUNE, AVRAHAM~~
~~1050 EAST 16TH STREET~~
~~HIALEAH, FL 33010~~

7. Name and Address of New Registered Agent

Name ZEITOUNE AVRAHAM
Street Address (P.O. Box Number is Not Acceptable) 5235 S.W 38 AVE
City HOLLYWOOD FL Zip Code 33312

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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ZEITOUNE, AVRAHAM		NAME		
STREET ADDRESS	5235 SW 38TH AVE.		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33312		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 5/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #