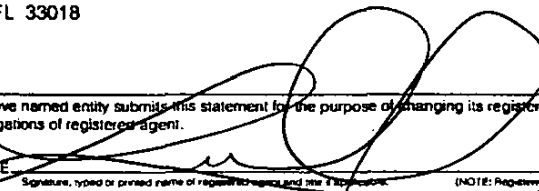
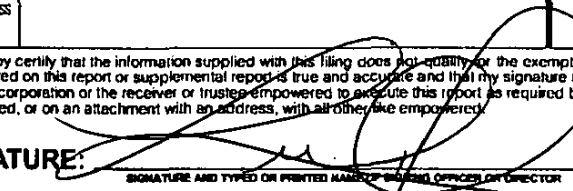


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 12, 2008 8:00 am
Secretary of State

01-11-2008 90037 003 ***150.00

DOCUMENT # P00000026766		
1. Entity Name ADVIRTUOSO COMMUNICATIONS, INC.		
Principal Place of Business 8917 N.W. 182ND TERR MIAMI, FL 33018		Mailing Address 8917 N.W. 182ND TERR MIAMI, FL 33018
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SUAREZ, LUIS R 8917 N.W. 182ND TERRACE MIAMI, FL 33018		4. FEI Number 65-0993358 Applied For Not Applicable
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:  Signature, typed or printed name of registered agent and state if corporation. (NOTE: Registered Agent signature required when reinstating)		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
DO NOT WRITE IN THIS SPACE		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD SUAREZ, LUIS R JR 8917 N.W. 182ND TERRACE MIAMI, FL 330186538	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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		2/5/08 (3) 4630107 Date Daytime Phone