

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90095 041 ***150.00

DOCUMENT # P00000071903

1. Entity Name
AVISOMEL, INC.



Principal Place of Business
1925 BRICKELL AVENUE
SUITE 206
MIAMI, FL 33129

Mailing Address
1925 BRICKELL AVENUE
SUITE 206
MIAMI, FL 33129

40056034



2. Principal Place of Business
2100 W. 76 ST

3. Mailing Address
2100 W. 76 ST

Suite, Apt. #, etc.
#212

Suite, Apt. #, etc.
#212

City & State
Hialeah FL

City & State
Hialeah FL

Zip
33016

Country
USA

Zip
FL 33016

Country
USA

04182006 Chg-P CR2E034 (11/05)

4. FEI Number
65-1039320

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MIAMI CORPORATE REGISTRY
1925 BRICKELL AVENUE
SUITE 206
MIAMI, FL 33129

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2100 W. 76 ST #212

City
Hialeah

FL

Zip Code
33016

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME MELAMED, HENAHAM
STREET ADDRESS AV FRANCISCO DE MIRANDA LOS PALOS GRANDES
CITY-ST-ZIP CARACAS, VENEZUELA,

TITLE DVPT ☐ Delete
NAME MELAMEO, ZEEU
STREET ADDRESS AV FRANCISCO DE MIRANDA LOS PALOS GRANDES
CITY-ST-ZIP CARACAS, VENEZUELA,

TITLE DS ☐ Delete
NAME MELAMED, ADELE L
STREET ADDRESS AV FRANCISCO DE MIRANDA LOS PALOS GRANDES
CITY-ST-ZIP CARACAS, VENEZUELA,

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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: *Helen Melamed*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-06

205-854-6363

Date

Daytime Phone #