


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90343 035 \*\*\*158.75

DOCUMENT # P00000073659		
1. Entity Name AYALA INTERNATIONAL CORPORATION		

Principal Place of Business 309 GLENWOOD STREET MOBILE AL 36606	Mailing Address 309 GLENWOOD STREET MOBILE AL 36606
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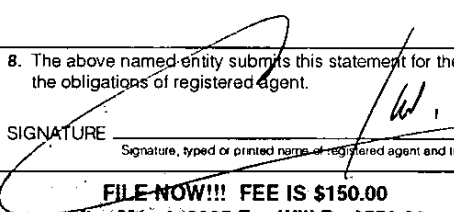


2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>AYALA INTERNATIONAL CARLOS A. AYALA N.D. 1989 CAPITAL CIR. NE SUITE 10 TALLAHASSEE, FL 32308</b>	
City & State		City & State <b>SUITE 10 TALLAHASSEE, FL 32308</b>	
Zip	Country	Zip	Country <b>U.S.A</b>

1st MOORE CR2E034 (10/04)

4. FEI Number 65-1030078		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>AYALA, CARLOS A 1989 CAPITAL CIRCLE NE SUITE 10 TALLAHASSEE FL 32308</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 **04/20/05**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D AYALA, CARLOS A 1989 CAPITAL CIRCLE NE, SUITE 10 TALLAHASSEE FL 32308</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  DATE **04/20/05** 850 6715400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR