

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90381 039 \*\*\*150.00

DOCUMENT # P01000012178



1. Entity Name  
 AVV SALES, INC.

Principal Place of Business: 18125 US HWY. 41 N., STE. 206 LUTZ, FL 33549  
 Mailing Address: 18125 US HWY. 41 N., STE. 206 LUTZ, FL 33549

44040562



2. Principal Place of Business: 18125 US HWY 41 N, Suite, Apt. #, etc. 201  
 3. Mailing Address: 18125 US HWY 41 N, Suite, Apt. #, etc. 201

01132004 Chg-P CR2E034 (10/03)

City & State: LUTZ, FL  
 City & State: LUTZ, FL

4. FEI Number: 59-3696193  
 Applied For: Not Applicable

Zip: 33549 Country: USA  
 Zip: 33549 Country: USA

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

6. Name and Address of Current Registered Agent  
 MORTELLARO, DOUGLAS J  
 18125 US HWY. 41 N., STE. 206  
 LUTZ, FL 33549

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): 18125 US HWY 41 N., SUITE 201  
 City: LUTZ, FL 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: Douglas J. Mortello DATE: 1/12/04  
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

TITLE	D	<input type="checkbox"/> Delete
NAME	MORTELLARO, VINCENT S	
STREET ADDRESS	13804 CANDIATE PL	
CITY-ST-ZIP	TAMPA, FL 33613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3430 Reynoldswood Dr.	
CITY-ST-ZIP	Tampa, FL 33618-2114	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Vincent S. Mortello DATE: \_\_\_\_\_ DAYTIME PHONE #: 813-969-3765  
Signature and typed or printed name of signing officer or director