

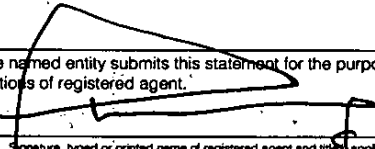
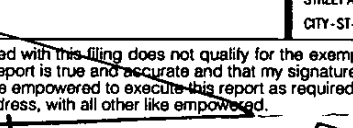


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90038 019 \*\*\*150.00

|   |   |  |   |   |  |
|---|---|--|---|---|--|
| <b>DOCUMENT # P01000017253</b><br>1. Entity Name<br><b>A.V. CORPORATION USA, INC.</b>   |   |  |   |                |  |
| Principal Place of Business<br><b>11450 N.W. 60TH TERR<br/>UNIT #293<br/>MIAMI, FL 33178</b>  |   |  | Mailing Address<br><b>11450 N.W. 60TH TERR<br/>UNIT #293<br/>MIAMI, FL 33178</b>  |   |  |
| 2. Principal Place of Business<br><b>11223 NW 73rd Terr</b>   |   | 3. Mailing Address<br><b>11223 NW 73rd Terr</b>                              |   |               |  |
| Suite, Apt. #, etc.<br>   |   | Suite, Apt. #, etc.<br>  |   | 02232006    Chg-P    CR2E034 (11/05)  |  |
| City & State<br><b>Doral FL</b>   |   | City & State<br><b>Doral FL</b>  |   | 4. FEI Number<br><b>65-1095218</b>  |  |
| Zip<br><b>33178</b>   |   | Country<br><b>USA</b>  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| Zip<br><b>33178</b>   |   | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$2.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>ACOSTA, ROBERTO<br/>11450 N.W. 60 TERR<br/>MIAMI, FL 33178</b>  |   |  | 7. Name and Address of New Registered Agent<br>Name <b>ACOSTA, ROBERTO</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>11223 NW 73rd Terrace</b><br>City <b>Doral</b> <b>FL</b> Zip Code <b>33178</b> |   |  |
| 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)  |   |  |
| Signature, typed or printed name of registered agent and title, if applicable.  |   |  | DATE <b>02.25.06</b>  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>   |   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSD<br>ACOSTA, ROBERTO<br>11450 N.W. 60TH TERR, UNIT 293<br>MIAMI, FL 33178 | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br>ACOSTA, JANNYE<br>11450 N.W. 60TH TERR., #293<br>MIAMI, FL 33178     | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PSD<br>ACOSTA ROBERTO<br>11223 NW 73rd Terrace<br>Doral, FL 33178           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VTD<br>ACOSTA, JANNYE<br>11223 NW 73rd Terrace<br>Doral FL 33178            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |   |   |  |
| 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 <b>ROBERT ACOSTA</b> Date <b>02.25.06</b> Daytime Phone # <b>786-418-8963</b>  |   |  |   |   |  |