
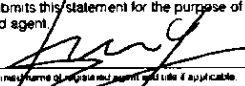
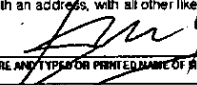


**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000056232			
1. Entity Name AVILA CATERING SERVICES, INC.			
Principal Place of Business 1725 MAIN STREET, SUITE 205, WESTON, FL 33326		Mailing Address 1725 MAIN STREET SUITE 205 WESTON, FL 33326	
2. Principal Place of Business 2810 WESTON ROAD		3. Mailing Address 15841 Pines Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 307	
City & State WESTON, FLORIDA		City & State Pembroke Pines FL	
Zip 33327	Country USA	Zip 33027	Country USA
4. FEI Number 59-3723535		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TOVAR, ILEANA ARIAS ESQ 1725 MAIN STREET SUITE 205 WESTON, FL 33326		7. Name and Address of New Registered Agent Name HECTOR LANDER Street Address (P.O. Box Number is Not Acceptable) 15841 Pines Blvd Ste #307 City Pembroke Pines FL Zip Code 33027	
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  HECTOR LANDER PRESIDENT DATE April 20/03 <small>Signature, typed or printed name of registered agent, if applicable. (NOTE: Registered Agent's signature required when necessary)</small>			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TD EGUI MEDINA, PEDRO EDGAR 1725 MAIN STREET SUITE 205 WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HECTOR LANDER 15841 Pines Blvd #307 Pembroke Pines FL 33027 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DI LORETO DRACOPULOS, CLAUDIO C 1725 MAIN STREET SUITE 205 WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FRISONE, GUIDA DOMENICO 1725 MAIN STREET SUITE 205 WESTON, FL 33326 <input checked="" 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	PD ALCALDE, JOSE A 1725 MAIN STREET SUITE 205 WESTON, FL 33326 <input checked="" 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	SD OREA, HECTOR J 1725 MAIN STREET SUITE 205 WESTON, FL 33326 <input checked="" 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
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:  HECTOR LANDER PRESIDENT		DATE April 20/03 (954) 444-7031	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		<small>Date Date Time Phone #</small>	

Check # 1019



CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)