


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000058828 1. Entity Name AVILA DEVELOPMENT CENTER, INC.	
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Principal Place of Business 16636 SADDLE CLUB RD WESTON, FL 33326	Mailing Address 16636 SADDLE CLUB RD WESTON, FL 33326
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DE LA HOZ, LEO 3785 NW 82N AVE STE 102 MIAMI, FL 33166	DO NOT WRITE IN THIS SPACE
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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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANRIQUE, MARIA S 1008 SILKTREE LANE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANRIQUE, TAMAR 16421 BLATT BLVD, NO 103 WESTON, FL 33326
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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)(f), 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: Maria S. Manrique Maria S. Manrique 04-02-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #