2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPORT (AF	₹)		_ FILED		-
DOCUMENT # P01000071947 1. Entity Name					Apr 08, 2005 08		M
AVALOS	INVESTMENTS, INC.				Secretary of	State	
Principal Place of Business		Mailing Address	:				
12602 SW 78 ST MIAMI FL 33183		12602 SW 78 ST MIAMI FL 33183					
1411/214111 2 2	3103	MICHANI E 00100			I GERRANDAT FATA KARRES FRANK ARREST RODAT DATAT ARRING A	RADI KANIN INIIC MINIC K	911111 H 1881
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E0	34 (10/04)	
City & State		City & State	City & State		4. FEI Number 65-1123970	}}-:	spplied For lot Applicat
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired	\$8.75 Ad	Iditional
	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New Registers	• .	
A\//	ALOS, GILBERT			Name .			
126	02 SW 78 ST MI FL 33183			Street Address	(P.O. Box Number is Not Acceptable)		
				4	<u> </u>		-22.22
				City	F	Zip Cod	
8. The above the obligat	a named entity submits this statement tions of registered agent.	t for the purpose of changing it	ts registere	ed office or registe	ered agent, or both, in the State of Florida. I a	ım familiar with,	, and acce
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable (NO	OTE Registered	Agent signature require	d when re-instating) DAT	Ē	<u>.</u>
	ILE NOW!!! FEE IS \$150.00				9. Election Campaign Fina	ncing ¢ E	.00 May 8
	May 1, 2005 Fee Will Be \$550. k Payable to Florida Department				Trust Fund Contribution		led to Fees
10.	OFFICERS AN	ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11
TITLE	PTD	☐ Delete	TITLE		U00000292856	Change	☐ Ai :- ''''
NAME STREET ADDRESS	AVALOS, GILBERT 12602 SW 78 ST		NAME SIRE	TADDRESS	04/08/05-80006-1	011 150.C	סכ
CITY-ST-ZIP	MIAMI FL 33183			ST-ZIP			
TITLE	VSD	☐ Delete	BILE			- Change	A
NAME	AVALOS, LOURDES M		NAME				_
STREET ADDRESS CITY - ST - ZIP	12602 SW 78 ST MIAMI FL 33183			T ADDRESS S1- ZIP			
TITLE		☐ Delete	IITLE	57 E4		☐ Change	∏ Adimi
NAME		Li Delete	NAME			□ cuands	L.J Kürim
STREET ADDRESS			STREE	I ADDRESS	- · -		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	CITY	ST ZIP			
THE		Delete	TITLE			Change	☐ Addiii
NAME STREET ADDRESS			NAME	T ADDRESS			
CITY - ST - ZIP				ST-ZIP			
TITLE		☐ Delete	TITLE			 ☐ Change	Amiii
NAME			NAME	l l			
STREET ADDRESS CITY_ST-ZIP				I ADDRESS ST-ZIP			
TITLE		□ Delete	TITLE			Change	Additi
NAME			NAME				,
STREET ADDRESS			1	1 ADDRESS			
CITY-ST-ZIP				ST-ZIP			
indicated of the cor changed,	certify that the information supplied w on this report or supplemental repor poration or the receiver or trystee en or on an attachment with an address	Ith this filing does not dualify for t is true and accurate and that the wored to execute this repor your all other like empowered	or the exen my signatu t as require	nption stated in Se are shall have the ad by Chapter 607	ection 119.07(3)(i), Florida Statutes. I further of same legal effect as if made under eath, that 7, Florida Statutes, and that my name appear	ertify that the in I am an officer s in Block 10 or	nformation or director r Block 11

Dayline Phon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: