

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P01237

1. Entity Name
AVRS INC.



Principal Place of Business

% A. G. AARONSON
146 CENTRAL PARK WEST - 22E
NEW YORK, NY 10023-2005 US

Mailing Address

% A. G. AARONSON
146 CENTRAL PARK WEST - 22E
NEW YORK, NY 10023-2005 US

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-3045524

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

UNDERWOOD, HELEN
ST. JOHNS LANDING
3400 US HIGHWAY 17 NO.
GREEN COVE SPRINGS, FL 32043

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
CSD
AARONSON, ALLEN G.
STREET ADDRESS
146 CENTRAL PARK WEST22E
CITY-ST-ZIP
NEW YORK, NY 10023

TITLE
NAME
PTD
AARONSON, SCOTT T.
STREET ADDRESS
1614 RUXTON RD
CITY-ST-ZIP
TOWSON, MD 21204

TITLE
NAME
VD
AARONSON, ROBERT H
STREET ADDRESS
340 ARBOR RD.
CITY-ST-ZIP
MENLO PARK, CA 94025

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000219456
02/08/05-80023-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

Date

Daytime Phone #

Allen G. Aaronson Allen G. Aaronson, Chairman 2/01/05 212-595-2585