2005 FOR PROFIT CORPORATION ANNUAL REPORT

5/9/1

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Jun 20, 2005 8:00 am
Secretary of State
05-09-2005 90294 036 ***150.00

66023355

04272005 Chg-P CR2E034 (10/03)

DOCUMENT # P02000028729

1. Entity Name
AVE INVESTMENT CORPORATION

Principal Place of Business	Mailing Address
5401 COLLINS AVE 830 MIAMI BEACH, FL 33140	1368 RN 7 VILLA LORANT, VALLAURIS, 06220 FRANCE, XX

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number APPLIED FOR 65-1138406 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LORANT, EVA 5401 COLLINS AVE 830 MIAMI BEACH, FL 33140	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LORANT, EVA 5401 COLLINS AVE MIAMI BEACH, FL 33140	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POGANY, BARBARA 1368 RN7 VALLAURIS FRANCE FRANCE, 06220	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T POGANY, ATTILA 1368 RN 7 VALLAURIS FRANCE FRANCE, 06220	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ 06, 03, 2005 +33493436509
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

660233355

Division of Corporations
P.O. BOX 6327 Tallahassee FL 32314

June 6. 05

Ref; A.V.E. Invest Corp P02000028729

Sir,

thank you for your letter, hereby I send you with correction the annual report.
I did not know, that I have to write the FEI nr too.
I send you the copy from Income Tax Return cover page.
Thank you for understanding, best regards

Eva Lorant
I368 RN 7
06220 Vallauris
France
Fax/tel;+33493436509

P.S.;I sended also 28. 75 .S, for a certificate of status, from AVE Invest. Corp. and a certified copy from, with mailing costs. (letter dated 04. 27. 05

66023355 ATTACHMENT # P02000028729

Form 1120 — U.S. Corporation Income Tax Return

Department of the Treasury, Internal Revenue Service

For calendar year 2003 or tax year beginning _____, 2003, ending _____, _____

► Instructions are separate. See instructions for Paperwork Reduction Act Notice.

OMB No. 1545-0123

2003

A Check if a:
1 Consolidated return (attach Form 851) ☐
2 Personal holding company (attach Schedule PH) ☐
3 Personal service corp (as defined in Regs section 1.441-3(c) — see instructions) ☐

Use IRS label. Otherwise, print or type.

B Employer identification number	C Date incorporated
65-1138406	09/26/01

Name: AVE INVESTMENT CORP

Number, street, and room or suite number (If a P.O. box, see instructions.): C/O WASSERMAN 407 LINCOLN RD STE 11C

City or town: MIAMI BEACH — State: FL — ZIP Code: 33139

D Total assets (see instructions): $ 206,672.

E Check applicable boxes: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

INCOME	1a Gross receipts or sales	b Less returns & allowances	c Balance ►	1c	
	2 Cost of goods sold (Schedule A, line 8)			2	
	3 Gross profit. Subtract line 2 from line 1c			3	
	4 Dividends (Schedule C, line 19)			4	
	5 Interest			5	
	6 Gross rents			6	16,800.
	7 Gross royalties			7	
	8 Capital gain net income (attach Schedule D (Form 1120))			8	
	9 Net gain or (loss) from Form 4797, Part II, line 18 (attach Form 4797)			9	
	10 Other income (see instructions — attach schedule)			10	
	11 **Total income.** Add lines 3 through 10		►	11	16,800.
DEDUCTIONS (SEE INSTRUCTIONS FOR LIMITATIONS ON DEDUCTIONS)	12 Compensation of officers (Schedule E, line 4)			12	
	13 Salaries and wages (less employment credits)			13	
	14 Repairs and maintenance			14	10,149.
	15 Bad debts			15	
	16 Rents			16	
	17 Taxes and licenses			17	148.
	18 Interest			18	
	19 Charitable contributions (see instructions for 10% limitation)			19	
	20 Depreciation (attach Form 4562)	20	6,379.		
	21 Less depreciation claimed on Schedule A and elsewhere on return	21a		21b	6,379.
	22 Depletion			22	
	23 Advertising			23	
	24 Pension, profit-sharing, etc, plans			24	
	25 Employee benefit programs			25	
	26 Other deductions (attach schedule) ..See Other Deductions Statement			26	550.
	27 **Total deductions.** Add lines 12 through 26		►	27	17,226.
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11			28	-426.
	29 Less: a Net operating loss (NOL) deduction (see instructions)	29a			
	b Special deductions (Schedule C, line 20)	29b		29c	
TAX AND PAYMENTS	30 **Taxable income.** Subtract line 29c from line 28			30	-426.
	31 **Total tax** (Schedule J, line 11)			31	
	32 **Payments:** a 2002 overpayment credited to 2003	32a			
	b 2003 estimated tax payments	32b			
	c Less 2003 refund applied for on Form 4466	32c	d Bal ►	32d	
	e Tax deposited with Form 7004			32e	
	f Credit for tax paid on undistributed capital gains (attach Form 2439)			32f	
	g Credit for federal tax on fuels (attach Form 4136). See instructions			32g	32h
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached ► ☐			33	
	34 **Tax due.** If line 32h is smaller than the total of lines 31 and 33, enter amount owed			34	
	35 **Overpayment.** If line 32h is larger than the total of lines 31 and 33, enter amount overpaid			35	
	36 Enter amount of line 35 you want: Credited to 2004 estimated tax ►		Refunded ►	36	

TAXPAYERS COPY
SIDNEY WASSERMAN AND COMPANY
(305) 531-0891

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

► _____ Signature of officer — Date — ► _____ Title

May the IRS discuss this return with the preparer shown below? (see inst) ☐ Yes ☐ No

Paid Preparer's Use Only

Preparer's signature ► MICHAEL WASSERMAN	Date	Check if self-employed ☐	Preparer's SSN or PTIN: 264-66-2255
Firm's Name (or yours if self-employed), address, and ZIP Code ► SIDNEY WASSERMAN AND COMPANY 407 LINCOLN ROAD, SUITE 11C MIAMI BEACH FL 33139			EIN 59-0695296 Phone No.

BAA — CPCA0212 08/29/03 — Form 1120 (2003)