2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 09, 2004 08:00 AM DOCUMENT # P02000028759 **Secretary of State** 1. Entity Name AVA CONSULTING GROUP INC. Principal Place of Business Mailing Address 7345 SW 21ST STREET 7345 SW 21ST STREET MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 65-0822264 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **GUTIERREZ, ERNESTO** Street Address (P.O. Box Number is Not Acceptable) 7345 SW 21ST STREET MIAMI FL 33155 Zip Code City FI 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 agont and title it applicable DATE (NOTE Rupstored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Delete TITLE DIAZ, REBECA NAME NAME U000000043861 22 MARKWOOD CRES STREET ADDRESS STREET ADDRESS 02/10/04-80082-004 150.00 CITY-ST-ZIP TORONTO ONTARIO CANADA M9C1L CITY - \$7 - 23P ☐ Change Delete HILE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CHY-ST-ZIP TIBLE ☐ Delete TOTAL Change Addition | MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 31TLE Change Addition NAME MAME STREET ADDRESS STREET AGDRESS CRY-ST-ZIP GITY-ST-ZIP សម Channe ☐ Addilion TRUE Delete NAME MANAF STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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

other like empowered.

changed, or on an attachment with an address, with all

SIGNATURE:

FILED