2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007
Secretary of State

DOCUMENT# P02000034780

Entity Name: AVA PRODUCTS CORP.

Current Principal Place of Business:

2508 MONTCLAIRE CIRCLE
WESTON, FL 33327

New Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

Current Mailing Address:

2508 MONTCLAIRE CIRCLE
WESTON, FL 33327

New Mailing Address:

2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134

FEI Number: 02-0571418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOELLER, WILLY
2508 MONTCLAIRE CIRCLE
WESTON, FL 33327 US

Name and Address of New Registered Agent:

MOELLER, WILLY
2600 DOUGLAS ROAD
SUITE 1100
CORAL GABLES, FL 33134 US

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.

SIGNATURE: JORGE GURIAN 03/01/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPT ( ) Delete
Name: MOELLER, WILLY
Address: 2508 MONTCLAIRE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: DVS ( ) Delete
Name: MOELLER, EVELYN
Address: 2508 MONTCLAIRE CIRCLE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: MOELLER, WILLY
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

Title: DVS (X) Change ( ) Addition
Name: MOELLER, EVELYN
Address: 2600 DOUGLAS ROAD SUITE 1100
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLY MOELLER DPT 03/01/2007
Electronic Signature of Signing Officer or Director Date