

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000034780

Entity Name: AVA PRODUCTS CORP.

FILED  
Jan 28, 2009  
Secretary of State

## Current Principal Place of Business:

2600 DOUGLAS ROAD  
SUITE 1100  
CORAL GABLES, FL 33134

## Current Mailing Address:

2600 DOUGLAS ROAD  
SUITE 1100  
CORAL GABLES, FL 33134

## New Principal Place of Business:

2665 S BAYSHORE DRIVE  
SUITE 906  
COCONUT GROVE, FL 33133

## New Mailing Address:

2665 S BAYSHORE DRIVE  
SUITE 906  
COCONUT GROVE, FL 33133

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  
2600 DOUGLAS ROAD  
SUITE 1100  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

GURIAN, JORGE  
2665 S BAYSHORE DRIVE  
SUITE 906  
COCONUT GROVE, FL 33133 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

01/28/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition  
Name: MOELLER, WILLY  
Address: 2665 S BAYSHORE DRIVE, #906  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DVS (X) Change ( ) Addition  
Name: MOELLER, EVELYN  
Address: 2665 S BAYSHORE DRIVE, #906  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby certify that the information supplied with this filing does not qualify 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

01/28/2009

Electronic Signature of Signing Officer or Director

Date