


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000067031**  
 1. Entity Name  
**AWC INTERNATIONAL, INC.**



Principal Place of Business      Mailing Address  
**169 E. FLAGLER ST., SUITE 903**      **169 E. FLAGLER ST., SUITE 903**  
**MIAMI, FL 33131**      **MIAMI, FL 33131**

**DO NOT WRITE IN THIS SPACE**



01232006    No Chg-P    CR2E034 (11/05)  
 4. FEI Number      Applied For  
**01-0720948**      Not Applicable  
 5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**ANGEL, HERNAN**  
**169 E. FLAGLER ST., SUITE 903**  
**MIAMI, FL 33131**

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

**FILE NOW!!! FEE IS \$150.00**      9. Election Campaign Financing      **\$5.00 May Be**  
**After May 1, 2006 Fee will be \$550.00**      Trust Fund Contribution.            **Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANGEL, HERNAN 6039 COLLINS AVENUE #614 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANGEL, DAVID SCALABRINI ORTIZ 3216 PISO 25 - CAPITAL FE DERAL (1425) ARGENTINA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MANDALAOUI, CAROLINA 6039 COLLINS AVENUE #614 MIAMI BEACH, FL 33140
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 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:       Feb 10 06      305-784-6411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #