2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90014 044 ***150.00

DOCUMENT # P02000100103

1. Entity Name
AVYNESS, INC.

AVYNESS INC
GOLDSTAR LIQUORS
2511 E. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009

Principal Place of Business
~~17700 N BAY RD #704~~
~~N. MIAMI BEACH, FL 33160~~

Mailing Address
~~17700 N BAY RD #704~~
~~N. MIAMI BEACH, FL 33160~~

24005407

01162004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2511 E HALLANDALE BCH BLVD	2511 E HALLANDALE BCH BLVD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HALLANDALE, FL	City & State: HALLANDLE, FL
Zip: 33009 Country: BROWARD	Zip: 33009 Country: BROWARD

4. FEI Number: 42-1553337 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ABOUGHANINE, ALBERT
17700 N BAY RD #704
N. MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent

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 [signature] ABOUGHANINE Albert President 01/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ABOUGHANINE, ALBERT		NAME	
STREET ADDRESS	17700 N BAY RD #704		STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ABOUGHANINE, ESTER		NAME	
STREET ADDRESS	17700 N BAY RD #704		STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: [signature] ABOUGHANINE Albert President 01/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #