## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## **FILED** May 02, 2005 8:00 am Secretary of State 05-02-2005 90431 016 \*\*\*150.00

Date

Daytime Phone #

DOCUMENT # P02000100103  1. Entity Name AVYNESS, INC.						05-02-2005 90431 016 ***150.00				
Drivered Place	of Business	<del></del>	Mailing Address	-		┨	1001	1000		
Principal Place of Business 2517 E. HALLANDALE BCH			2511 E, HALLANDALE BCH							
HALLANDALE	, FL 33009		HALLANDALE, FL 330	109		1 ( <b>BR</b> (1 <b>00</b> ) 137			INISI NSII DAINE III	1981 (1 1 <b>28</b> )
2. Principal Pl	ace of Busines	s	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04262005	Chg-P	CR2E	034 (10/03)	
City & State	9		City & State			4. FEI Numb			1-1-	plied For
Zip		Country	Zip Country			42-155 5. Certificate	of Status Desired	· · ·	\$8.75 Add	
6. Name and Address of Current			Pagisternal Agent			7 Name and	Address of Nev	v Registered	Fee Required	
A DOUGUA			negistered Agent	Name 6			ABOUG		· · ·	
ABOUGHANINE, ALBERT 17700 N BAY RD #704 N. MIAMI BEACH, FL 33160					Street Address	(P.O. Box Numb	er is Not Accepta	MACÉ	BEACH	BUL
IN, IVIIAIVII L	JLAO11, 1 L	33100				( ( )			1 4: 6 :	
9 The above	named entity s	uhmite this statement	or the purpose of changing it	s rogister	City /-/A	ered agent or bo	th in the State of	Florida Lar	<u> </u>	007
	ions of register			a regioter	ed dinds of regist	ered agent, or bo	al, in the state of	Tionag. Tan	regional will,	ano decept
SIGNATURE	Signature, typed or	printed name of registered agen	t and title if applicable. (NO	TE: Registere	d Agent signature requir	red when reinstating)		DATE		
		EE IS \$150.00 Fee will be \$550.	9. Election Campa Trust Fund Con			5.00 May Be ided to Fees				
10.	<del></del>	OFFICERS AND	D DIRECTORS		ADDITIONS	CHANGES TO C	FFICERS AN	D DIRECTORS	S IN 11	
TITLE	D		elete	TITL	E			•	☐ Change	☐ Addition
NAME	ABOUGHAN	NINE, ALBERT	/>	NAM	ε [					
STREET ADDRESS	17700 N BA				ET ADDRESS					
CITY-ST-ZIP		EACH, FL 33160		CITY	-ST-ZIP					
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	N, WIAMI DI	EACH, FL 33160				<del></del> _				
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12. I hereby of indicated of the corchanged,	certify that the i on this report or poration or the or on an attac	information supplied will or supplemental report receiver or trustee emp hment with an add <u>ress</u>	th this filing does not qualify fi is true and accurate and that cowered to execute this repor- with all other like empowered	or the exe my signa t as requ d.	emption stated in ture shall have the iture shall have the ired by Chapter 6	Section 119.07(3) e same legal effe 07, Florida Statuti	(i), Florida Statute ot as if made und es; and that my n	es. I further or er oath; that ame appears	ertify that the in I am an officer in Block 10 or	nformation or director Block 11 if