



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90525 050 ***150.00

DOCUMENT # P02000116952 1. Entity Name AVOCADO HOMES CORPORATION					
Principal Place of Business 1760 WEST 41 STREET #B HIALEAH, FL 33012			Mailing Address 1760 WEST 41 STREET #B HIALEAH, FL 33012		
2. Principal Place of Business 3450 WEST 84 STREET		3. Mailing Address 3450 WEST 84 STREET			
Suite, Apt. #, etc. SUITE 201		Suite, Apt. #, etc. SUITE 201			
City & State HIALEAH, FLORIDA		City & State HIALEAH, FLORIDA			
Zip 33018	Country USA	Zip 33018	Country USA	4. FEI Number 45-0501943	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GRAVERAN, NELSON 1760 WEST 41 STREET #B HIALEAH, FL 33012				7. Name and Address of New Registered Agent Name NELSON GRAVERAN Street Address (P.O. Box Number is Not Acceptable) 3450 WEST 84 STREET SUITE 201 SUITE 201 City HIALEAH, FL Zip Code 33018	
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 <u><i>Nelson Graveran</i></u> President DATE <u><i>4/22/04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRAVERAN, NELSON 1760 WEST 41 STREET #B HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAVERAN, ISBAEL C 1760 WEST 41 STREET #B HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAVERAN, JEANNIE M 1760 W. 41ST ST, #B HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD GRAVERAN, NELSON 3450 WEST 84 STREET SUITE 201 HIALEAH, FL. 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAVERAN, I. CRISTINA 3450 WEST 84 STREET SUITE 201 HIALEAH, FL. 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAVERAN, JEANNIE 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAVERAN, JEANNIE 3450 WEST 84 STREET SUITE 201 HIALEAH, FL 33018	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 <u><i>Nelson Graveran</i></u> President DATE <u><i>4/22/04</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					