
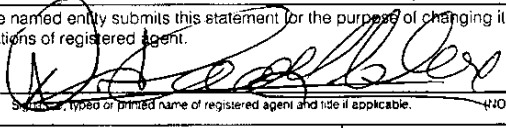



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90042 010 ***150.00

DOCUMENT # P03000003462 1. Entity Name AVA DESIGN, INC.					
Principal Place of Business 7080 BONITA DRIVE #26 MIAMI BEACH, FL 33141 US			Mailing Address 7080 BONITA DRIVE #26 MIAMI BEACH, FL 33141 US		
2. Principal Place of Business 1093 NE 80 ST Suite, Apt. #, etc.		3. Mailing Address ← SAME Suite, Apt. #, etc.			
City & State MIAMI		City & State MIAMI		4. FEI Number 20-0819641	
Zip FL		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33138		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COXE, DANIEL C 7080 BONITA DRIVE, #26 MIAMI BEACH, FL 33141 1093 NE 80 ST MIAMI FL 33138			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:  5/16/06 <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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME COXE, DANIEL C STREET ADDRESS 7080 BONITA DRIVE, #26 CITY-ST-ZIP MIAMI BEACH, FL 33141			TITLE JAVIER A. PELLEGRINO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 1093 N.E. 80 ST STREET ADDRESS MIAMI FL 33138 VICE-PRESIDENT		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 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 duly empowered.					
SIGNATURE:  5/16/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					