## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000031421

Entity Name: AVELLANEDA, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12565 ORANGE DRIVE SUITE 403 DAVIE, FL 33330

Current Mailing Address: New Mailing Address:

 1730 MAIN STREET
 12565 ORANGE DR.

 SUITE 216
 SUITE 403

 WESTON, FL 33326
 DAVIE, FL 33326

FEI Number: 90-0168223 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JEFFREY E. CAMPION, PA
1730 MAIN STREET
5UITE 216
WESTON, FL 33326
GENOUD, MARTIN VP
12565 ORANGE DR.
SUITE 403
DAVIE, FL 33330

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.

SIGNATURE: MARTIN GENOUD 04/28/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name: MUINO, EDUARDO Name: MUINO, EDUARDO
Address: 1730 MAIN STREET SUITE 216 Address: 12565 ORANGE DR. SUITE 403

City-St-Zip: WESTON, FL 33326 City-St-Zip: DAVIE, FL 33330

Title: VPD ( ) Delete Title: VPD (X) Change ( ) Addition

Name: MONRABAL, GABRIEL Name: MONRABAL, GABRIEL

Address: 1730 MAIN STREET SUITE 216 Address: 12565 ORANGE DR. SUITE 403

City-St-Zip: WESTON, FL 33326 City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO MUINO PD 04/28/2004