

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000034457

Entity Name: AVALON CAPITAL CORP.

FILED  
Apr 29, 2008  
Secretary of State

## Current Principal Place of Business:

C/O ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO ST, STE 300  
CORAL GABLES, FL 33134

## New Principal Place of Business:

237 ALCAZAR AVENUE  
CORAL GABLES, FL 33134

## Current Mailing Address:

C/O ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO ST, STE 300  
CORAL GABLES, FL 33134

## New Mailing Address:

237 ALCAZAR AVENUE  
CORAL GABLES, FL 33134

FEI Number: 87-0702771

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARAZOZA & FERNANDEZ-FRAGA, P.A.  
2100 SALZEDO ST, STE 300  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete  
Name: BUENO, JOSE LUIS  
Address: 7 TURTLEWALK DR.  
City-St-Zip: KEY BISCAYNE, FL 33149

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: BUENO, JOSE LUIS

P/D

04/29/2008

Electronic Signature of Signing Officer or Director

Date