

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90046 002 ***158.75

DOCUMENT # P03000038932

1. Entity Name
AVICT ENTERPRISE INC.



Principal Place of Business

Mailing Address

~~6873 N.W. 173RD DRIVE~~
~~C-207~~
~~MIAMI, FL 33015~~

~~6873 N.W. 173RD DRIVE~~
~~C-207~~
~~MIAMI, FL 33015~~



2. Principal Place of Business

3. Mailing Address

8104 LAKE POINTE CT.

8104 LAKE POINTE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BLDG. 16

BLDG. 16

City & State

City & State

PLANTATION, FL.

PLANTATION, FL.

03052004

Chg-P

CR2E034 (10/03)

4. FEI Number

56-2344931

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip
33322-5731

Country

BROWARD

Zip

33322-5731

Country

BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARIN, GASTON

~~6873 N.W. 173RD DRIVE~~

~~C-207~~

~~MIAMI, FL 33015~~

Name

Street Address (P.O. Box Number is Not Acceptable)

8104 LAKE POINTE CT. BLDG. 16

City PLANTATION

FL

Zip Code 33322

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/05/04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing

Trust Fund Contribution... ☐

\$5.00 May Be

Added to Fees...

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MARIN, GASTON
STREET ADDRESS ~~6873 N.W. 173RD DRIVE~~
CITY-ST-ZIP ~~MIAMI, FL 33015~~

TITLE ☒ Change ☐ Addition
NAME 8104 LAKE POINTE CT. BLDG. 16
STREET ADDRESS PLANTATION, FL. 33322.
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/05/04 (786) 586-1158
Date Daytime Phone #