

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90071 034 ***150.00

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1. Entity Name
AVICT ENTERPRISE INC.



Principal Place of Business

8104 LAKE POINTE CT.
BLDG 16
PLANTATION, FL 33322-5731

Mailing Address

8104 LAKE POINTE CT.
BLDG 16
PLANTATION, FL 33322-5731

33023

2. Principal Place of Business

5100 SW 41ST ST.
Suite, Apt. #, etc.
104

3. Mailing Address

5100 SW 41ST ST.
Suite, Apt. #, etc.
104

01172005 Chg-P CR2E034 (10/03)

City & State

Pembroke, FL

City & State

Pembroke, FL

4. FEI Number

56-2344931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARIN, GASTON
8104 LAKE POINTE CT.
BLDG 16
PLANTATION, FL 33322

7321 PLANTATION BLVD
MIRAMONTE - FL
33023

7. Name and Address of New Registered Agent

Name

MARIN, GASTON

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

5100 SW 41ST ST. #104

City

PEMBROKE

FL

Zip Code

33023

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MARIN, GASTON
STREET ADDRESS 8104 LAKE POINTE CT. BLDG 16
CITY-ST-ZIP PLANTATION, FL 33322

TITLE TD
NAME SEGURA, LUIS FERNANDO
STREET ADDRESS 8104 LAKE POINTE CT. BLDG 16
CITY-ST-ZIP PLANTATION, FL 33322

TITLE SD
NAME ZAMBRANO, LUISA
STREET ADDRESS 8104 LAKE POINTE CT. BLDG 16
CITY-ST-ZIP PLANTATION, FL 33322

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MARIN, GASTON
STREET ADDRESS 5100 SW 41ST ST #104
CITY-ST-ZIP Pembroke, FL 33023

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GASTON MARIN

Date

01-27-05

Daytime Phone #

(786) 5861158