2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000041719

1. Entity Name
AVION INTERNATIONAL INCORPORATED

Principal Place of Business	Mailing Address
8671 NW 56 STREET MIAMI, FL 33166	8671 NW 56 STREET MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

05232005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
06-1689421	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORP WIZ REGISTERED AGENTS, INC.
8750 NW 36 STREET
SUITE 220
MIAMI, FL 33178

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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 X *Melinda James*

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
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$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

TITLE	PTD
NAME	BARRERAS, FRANCISCO J JR
STREET ADDRESS	8671 NW 56 STREET
CITY-ST-ZIP	MIAMI, FL 33166

TITLE	VSD
NAME	JAMES, MELINDA
STREET ADDRESS	8671 NW 56 STREET
CITY-ST-ZIP	MIAMI, FL 33166

U00000369121
06/06/05-30005-018 150.00

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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 *Melinda James*   Melinda James   305 994-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #