

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90015 036 ***150.00

DOCUMENT # P03000049767					
1. Entity Name AVISERVICE LATINAMERICA INC.					
Principal Place of Business 695 WEST 71ST PLACE HIALEAH, FL 33014 US			Mailing Address 695 WEST 71ST PLACE HIALEAH, FL 33014 US		
2. Principal Place of Business 13800 S.W. 8 STREET Suite, Apt. #, etc. #135 City & State MIAMI, FL Zip 33184		3. Mailing Address 13800 S.W. 8 STREET Suite, Apt. #, etc. #135 City & State MIAMI, FL Zip 33184		02272004 Chg-P CR2E034 (10/03)	
Country USA		Country USA		4. FEI Number 03-0517256	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent REY, MARIANO 695 WEST 71ST PLACE HIALEAH, FL 33014			7. Name and Address of New Registered Agent Name ELIZABETH M. NARANJO Street Address (P.O. Box Number is Not Acceptable) 13800 S.W. 8 STREET #135 City MIAMI FL Zip Code 33184		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 2/26/04		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REY, MARIANO 695 WEST 71ST PLACE HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ELIZABETH M. NARANJO 13800 S.W. 8 STREET #135 MIAMI, FL 33184	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:			DATE 2/26/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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