

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000058368

FILED
Aug 30, 2006
Secretary of State

Entity Name: AVONDALE MANAGEMENT CORP.

Current Principal Place of Business:

3922 DORAL DRIVE
TAMPA, FL 33634 US

New Principal Place of Business:

4301 W TACON
TAMPA, FL 33629 US

Current Mailing Address:

3922 DORAL DRIVE
TAMPA, FL 33634 US

New Mailing Address:

4301 W TACON
TAMPA, FL 33629 US

FEI Number: 72-9565299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIA-SHAKERI, DARLENE
3922 DORAL DRIVE
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

ZIA-SHAKERI, DARLENE
4301 W TACON
TAMPA, FL 33629 US

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:

08/30/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ZIA-SHAKERI, DARLENE
Address: 3922 DORAL DRIVE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ZIA-SHAKERI, DARLENE
Address: 4301 W TACON
City-St-Zip: TAMPA, FL 33629

I hereby certify that the information supplied with this filing does not qualify for the 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: DARLENE ZIA-SHAKERI

PRES

08/30/2006

Electronic Signature of Signing Officer or Director

Date