

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90288 014 ***158.75

DOCUMENT # P03000059400 1. Entity Name AVICO GROUP INC			
Principal Place of Business 6499 NE 7TH AVE #1 BOCA RATON, FL 33487		Mailing Address 6499 NE 7TH AVE #1 BOCA RATON, FL 33487	
2. Principal Place of Business 1044 S. MILITARY TRAIL Suite, Apt. #, etc. #204 City & State DEERFIELD BEACH, FL Zip 33442 Country USA		3. Mailing Address 1044 S. MILITARY TRAIL Suite, Apt. #, etc. #204 City & State DEERFIELD BEACH, FL Zip 33442 Country USA	
4. FEI Number 56-2380749		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		04122004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent TAHER, RODA 6499 NE 7TH AVE #1 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name RODA TAHER Street Address (P.O. Box Number is Not Acceptable) 1044 S. MILITARY TRAIL, #204 City DEERFIELD BEACH FL Zip Code 33442	
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.		DATE 04/12/04 (NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	D TAHER, RODA 1044 S MILITARY TRAIL #204 DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/M ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YAZDI, FARIMAN 6499 NE 7TH AVE #1 BOCA RATON, FL 33487	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M/T/S ☒ Change ☒ Addition 1044 S. MILITARY TRAIL, #204 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 04/12/04 Daytime Phone # (954) 993-3319	

94054987



*SAME
NEW
ADDRESS*