

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000076701	
1. Entity Name AVIMAR, INC.	
Principal Place of Business 10261 SW 142 ST MIAMI, FL 33176 US	Mailing Address 10261 SW 142 ST MIAMI, FL 33176 US



01272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0089337	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**TUCHMAN, ABRAHAM
10261 SW 142 ST
MIAMI, FL 33176**

**DO NOT WRITE
IN THIS SPACE**

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 rotating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, TUCHMAN, ABRAHAM 10261 SW 142 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC/ TUCHMAN, VIVIAN 10261 SW 142 ST MIAMI, FL 33176
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IN THIS SPACE**

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02/06/07-80009-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 ABRAHAM TUCHMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-07 305-234-3360
Date Daytime Phone #