

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000096248

Entity Name: AVICON, CORP.

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

249 OLD BEACH RD.  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

4516 HWY 20 E #219  
NICEVILLE, FL 32578

**Current Mailing Address:**

249 OLD BEACH RD.  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

4516 HWY 20 E #219  
NICEVILLE, FL 32578

FEI Number: 43-2027635

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DALE, JERRY M ESQ  
8370 WEST FLAGLER ST SUITE 252  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DPTS  
Name: GOMEZ, OSCAR  
Address: 4516 HWY 20 E #219  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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 all other like empowered.

SIGNATURE: OSCAR GOMEZ

PRES

03/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date