

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112316

Entity Name: AVITAL COMPANY, INC.

FILED  
Apr 15, 2005  
Secretary of State

**Current Principal Place of Business:**

200 CBL DRIVE STE 102  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

14 AVIENDA MENENDEZ  
ST AUGUSTINE, FL 32084

**Current Mailing Address:**

200 CBL DRIVE STE 102  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

14 AVIENDA MENENDEZ  
ST AUGUSTINE, FL 32084

FEI Number: 52-2404834

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22 ST 4 FLR  
MIAMI, FL 33145 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: AVITAL, DANIEL  
Address: 200 CBL DRIVE STE 102  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPST (X) Change ( ) Addition  
Name: AVITAL, DANIEL  
Address: 14 AVENIDA MENENDEZ  
City-St-Zip: ST AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANIEL AVITAL

DPST

04/15/2005

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

\_\_\_\_\_ Date