2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2006 8:00 am Secretary of State

AIIIIOAI III OIII						Secretary of State				
DOCUMENT # P03000120591 1. Entity Name AVILA SERVICES, INC.						04-11-2006 90105 012 ***150.00				
Principal Place of Business Mailing Address										
7502 SUGAR BEND DRIVE 7502 SUGAR BEND DRIVE ORLANDO, FL 32819 US ORLANDO, FL 32819 U						+ 4 0 0 07 00 1 (1) 00	• • • • • • • • • • • • • • • • • •	III) IIII IIII) IIII	BBISS BING (638) IN	3) FO 1 11 3 0
2. Principal F	lace of Business		3. Mailing Address							
·			14242 Somo Avenue		၂၈				MUNICULARIA INFRESTI	H
Suite, Apt. #, etc.			Suite, Apt. #, etc.		-	03222006	Chg-P	CR21	E034 (11/05)	
	City & State Windermere FL		City & State	ce FL		4. FEI Number	242		<u> </u>	plied For
Zip	Country	<u> </u>	Mi ugecwe	Country	-	52-24063	313			t Applicable
3478	•	SA	34786	<u>AeÙ</u>	-	5. Certificate of		<u> </u>	\$8.75 Add Fee Require	
	6. Marile and Addre	ss or Current	Kegistered Agent	Name	• • • • • • • • • • • • • • • • • • • •	7. Name and A	GGL682 OI M	ew Registere	a Agent	
CONTRERAS, HECTOR 7502 SUGAR BEND DRIVE					Hector Contre (as: Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO, FL 32819					4242	> 50	nco	Aver	101 6	
								F	1 - 0 1	RL
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 the obligations of registered agent.									and accept	
SIGNATURE.										
	Signature, typed or printed name	of registered agent a	and title if applicable. (NOTE:	Registered Agent signal	me tedmied	when reinstating)		DATE		
	E NOW!!! FEE IS : ay 1, 2006 Fee wi		9. Election Campaig Trust Fund Contri			00 May Be ed to Fees				
10.	0	FFICERS AND	DIRECTORS	11.	_	ADDITIONS/CI	HANGES TO	OFFICERS A	ND DIRECTORS	S IN 11
TITLE NAME	P CONTRERAS, HEC		☐ Delete	TITLE NAME	Con	heras, t	lectó.	•	Change	Addition
STREET ADDRESS CITY-ST-ZIP	7502 SUGAR BEND			STREET ADDRESS		treras, Hector 12 Sonco Avenue				
	ORLANDO, FL 328	19		CITY-ST-ZIP	Wi	ugerme	56 6	<u> +r s</u>		
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	ORLANDO, FL 328	19		CITY-ST-ZIP	Wi	nderm	ste'	FL	3 4786	
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NAME			☐ Delete	TITLE NAME					☐ Change	☐ Addition
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CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling 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 logal 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

407 929 4395

Daytime Phone #