2068 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2008 08:00 Al Secretary of State **DOCUMENT # P03000122413** AVELINO DESIGNS, INC. Mailing Address Principal Place of Business 231 ALTARA AVENUE 231 ALTARA AVENUE CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 CR2E034 (11/05) No Chg-P 02262008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0487940 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MACHADO, JUÀNA DO NOT WRITE 231 ALTARA AVENUE IN THIS SPACE CORAL GABLES, FL 33146 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00. May. Be . FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 U00000874836 10. OFFICERS AND DIRECTORS TITLE NAME MACHADO, JUANA 231 ALTARA AVENUE STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: True of the corporation of 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.

SUBMATIBE: True of the information 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 chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes, and the same appears in Block 10 or Block 11 if chapter 607, Florida Statutes, and the same appea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

Daytime Phone #