

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000129542

1. Entity Name
D' AVILA & ASSOCIATES SERVICES, INC.



Principal Place of Business
**1800 W. 49TH ST. SUITE #324E
HIALEAH, FL 33012**

Mailing Address
**1800 W. 49TH ST. SUITE #324E
HIALEAH, FL 33012**



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0404220

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AVILA, RICARDO D JR.
561 E 40TH STREET
HIALEAH, FL 33013**

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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 reinstating)

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	PD
NAME	AVILA, RICARDO SR.
STREET ADDRESS	561 E 40TH STREET
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	VSD
NAME	AVILA, RICARDO D JR.
STREET ADDRESS	561 E 40TH STREET
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	T
NAME	LOPEZ, EFRAIN C
STREET ADDRESS	561 E 40TH STREET
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/07-80028-008 150.00

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IN THIS SPACE**

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: Ricardo Sr. Avila
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/07 (786) 586-5738
Date Daytime Phone #