
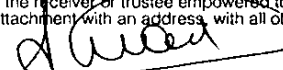


**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

60016252

<b>DOCUMENT # P04000025837</b>				02-16-2006 90031 049 ***150.00	
1. Entity Name <b>AVEMAR 2318 CORP.</b>					
Principal Place of Business <b>2875 NE 191ST STREET SUITE 801 AVENTURA, FL 33180</b>		Mailing Address <b>2875 NE 191ST STREET SUITE 801 AVENTURA, FL 33180</b>			
2. Principal Place of Business		3. Mailing Address		60016252	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02062006    0000    000000000000	
City & State		City & State		4. FEI Number <b>APPLIED FOR 84-1675963</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SERBER, DANIEL J ESQ SERBER &amp; ASSOCIATES, P.A. 2875 NE 191ST STREET AVENTURA, FL 33180</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 0000000000			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ABADI, ABRAHAM</b> <b>2875 NE 191 STREET SUITE 801</b> <b>AVENTURA, FL 33180</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 		ABRAHAM ABADI		02/14/06 (305) 932-6262	