## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X

## **Secretary of State** DOCUMENT # P04000025850 02-16-2006 90031 050 \*\*\*150.00 1. Entity Name AVEMAR 1111 CORP. Principal Place of Business Mailing Address ्रे से अवस्थित (१९७६) छन्। जन्म 2875 NE 191ST STREET SUITE 801 2875 NE 191ST STREET SUITE 801 AVENTURA, FL 33180 AVENTURA, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State APPLIED FOR 84 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ Street Address (P.O. Box Number is Not Acceptable) SERBER & ASSOCIATES PA **2875 NE 191ST STREET** AVENTURA, FL 33180 Zip Code City FL 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\_ DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE n ☐ Delete TITLE ABADI, ABRAHAM NAME NAME 2875 NE 191ST SUITE 801 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP AVENTURA, FL 33180 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change — 🖸 Addition TITLE TOTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS 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 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 attactiment with an address, with all other like empowered.

FILED Feb 16, 2006 8:00 am