FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

06 DEC 15 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-92

DOCUMENT # P06000057142

1. Entity Name

Avisert Y Representaciones, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT-0506

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7225 NW 25 St.	
Suite, Apt. #, etc.: #300	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33122 Country	Zip Country

4. FEI Number: 9f — ☒ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Guas, Geidy

Street Address (P.O. Box Numbers Is Not Acceptable): 758 E 20 St.

City: Hialeah FL Zip Code: 33013

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: _____ 000082539230 12/13/06--01032--011 **300.00

Name of person or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Guas, Geidy 758 E. 20 St. Hialeah, FL 33013
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Florida Profit 8

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $ 300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2005 and 2006 or any other notice from the Division of Corporations in respect with the Corporation **AVISERT Y REPRESENTACIONES, INC.**

Thank you for your courtesy in this matter.

GEIDY GUAS
PRESIDENT