2005 FOR PROFIT CORPORATION ANNUAL REPORT



2	2005 FOR PROFIT CORPORATION ANNUAL REPORT							FILED Mar 11, 2005 8:00 am				
DOCUMENT # P0400092796 1. Entity Name AVIN INTERNATIONAL, INC.							\$	Secreta 03-11-2005	ry of	f Sta	ate	
Principal Place of Business 238 WILSHIRE BLVD., SUITE 153 CASSELBERRY, FL 32707 Mailing Address 238 WILSHIRE BLVD., SUITE CASSELBERRY, FL 32707								#### ##### ##### ##### ###############	I RETTE ITALE HEIN I		Ji A HI	
2. Principal P 9505, Suite, Apt.	WINT	ER PARK DRIVE		50 S WINTER PARK DRIVE Suite, Apt. #, etc.			02252005 Chg-P CR2E034 (10/03)					
City & State CASSEL BERRY			City & State CASSEL BE	305	4. FEI Number			Applied For X Not Applicable				
FL 32-	707	Country USA	Zip FL 32707	Zip Count FL 32707 L		Certificate of Status Desire Name and Address of Ne			\$8.75 Additional Fee Required			
	o. Name	and Address of Current	registered Agent		Name		/. Name and	Address of New R	ežist erec Ağ	BILL		
THALLURY, ANAND K 238 WILSHIRE BLVD., SUITE 153 CASSELBERRY, FL 32707					Street Address (P.O. Box Number is Not Acceptable)							
		City				FL	Zip Code	•				
	named entity tions of regist		or the purpose of changing its	s register	ed office or	register	red agent, or bot	h, in the State of Flo	rida. I am fan	niliar with,	and accept	
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NO	TE: Flogistore	id Agent signatu	re required	when reinstating)		DATE			
		FEE IS \$150.00 5 Fee will be \$550.	9. Election Campa Trust Fund Con	-			.00 May Be led to Fees					
10.	,	OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	CERS AND D	IRECTORS	IN 11	
TITLE NAME STREET ADDRESS		RY, ANAND K HIRE BLVD., SUITE 1:	□ Delete 53	NAMI			TD IALLUR N.S. WI	Y ANAN! NTER PAR	KUM	द्वीChange PAR ES∔a	□ Addition	
CITY-ST-ZIP	CASSELE	BERRY, FL 32707		'-ST-ZIP	CA	950, S. WINTER PARK DRIVE, Ste. 3 CASSELBERRY, FL 32707						
TITLE NAME STREET ADDRESS		· .	☐ Delete	TITL! NAM		SEC 95	CRETARY	TREASURE NTER PAR	RS NAM	E SH	Addition	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:												
SIGNAI	UNC: _	<u> </u>									ı	