


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90317 028 \*\*\*155.00

<b>DOCUMENT # P04000092796</b> 1. Entity Name <b>AVIN INTERNATIONAL, INC.</b>					
Principal Place of Business <b>238 WILSHIRE BLVD., SUITE 153 CASSELBERRY, FL 32707</b>			Mailing Address <b>238 WILSHIRE BLVD., SUITE 153 CASSELBERRY, FL 32707</b>		
2. Principal Place of Business <b>950 S, WINTER PARK DRIVE</b>		3. Mailing Address <b>950 S, WINTER PARK DRIVE</b>			
Suite, Apt. #, etc. <b>Ste. 305</b>		Suite, Apt. #, etc. <b>Ste. 305</b>			
City & State <b>CASSELBERRY</b>		City & State <b>CASSELBERRY</b>			
Zip <b>FL 32707</b>		Country <b>USA</b>		Zip <b>FL 32707</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>THALLURY, ANAND K 238 WILSHIRE BLVD., SUITE 153 CASSELBERRY, FL 32707</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)   City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THALLURY, ANAND K 238 WILSHIRE BLVD., SUITE 153 CASSELBERRY, FL 32707		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD THALLURY ANAND KUMAR 950, S, WINTER PARK DRIVE, Ste. 305 CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURERS NAME 950 S, WINTER PARK DRIVE, Ste. 305 CASSELBERRY, FL 32707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



02252005 Chg-P CR2E034 (10/03)

4. FEI Number \_\_\_\_\_ Applied For  
☒ Not Applicable

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

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #