Jan 11 06 12:18p

FILED p.3
Jan 18, 2006 08:00 AM
Secretary of State

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000092880

1. Entity Name
AVILA ENTERPRISES AND SERVICES, INC

Principal Place of Business
14280 NW 18 PLACE
PEMBROKE PINES, FL 33028

Mailing Address
14280 NW 18 PLACE
PEMBROKE PINES, FL 33028

DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1260853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GARCIA, BERTHA C
1943 SW 8TH STREET
MIAMI, FL 33135

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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)

FILE NOW!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	AVILA, BEATRIZ
STREET ADDRESS	14280 NW 18 PLACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	VP
NAME	FIGUEROA, ERVIN A
STREET ADDRESS	14280 NW 18 PLACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	T
NAME	FIGUEROA, ERVIN J
STREET ADDRESS	14280 NW 18 PLACE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
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CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/23/06-80022-014 150.00

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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: Beatriz Avila 01/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #