
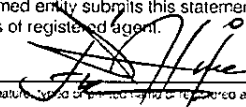
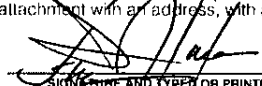


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90506 031 \*\*\*155.00

<b>DOCUMENT # P04000137500</b> 1. Entity Name <b>AIVLAD CORPORATION</b>					
Principal Place of Business <b>4525 LARKSPUR CT PT CHARLOTTE, FL 33948</b>			Mailing Address <b>4525 LARKSPUR CT PT CHARLOTTE, FL 33948</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-1748334</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DE JESUS, CION 2625 TERRA CEIA BLVD # 206 PALMETTO, FL 34221</b>			7. Name and Address of New Registered Agent Name <b>JUNE D'ALVIA</b> Street Address (P.O. Box Number is Not Acceptable) <b>4525 LARKSPUR COURT</b> City <b>PORT CHARLOTTE</b> <b>FL</b> Zip Code <b>33948-2462</b>		
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  <b>JUNE D'ALVIA</b> <span style="float: right;">11 APR 2005</span> <small>Signature of person changing or reference agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <span style="float: right;">DATE</span>					
<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	<b>P D'ALVIA, JUNE A 4525 LARKSPUR CT PT CHARLOTTE, FL 33948</b>	<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"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>JUNE D'ALVIA</b> <span style="float: right;"><b>26 APR 2005 (941) 623-2901</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>					



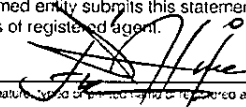
04112005 Chg-P CR2E034 (10/03)

Applied For  
Not Applicable

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

Name **JUNE D'ALVIA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4525 LARKSPUR COURT**  
 City **PORT CHARLOTTE** **FL** Zip Code **33948-2462**

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  **JUNE D'ALVIA** 11 APR 2005  
Signature of person changing or reference agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☒ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
D'ALVIA, JUNE A  
4525 LARKSPUR CT  
PT CHARLOTTE, FL 33948**

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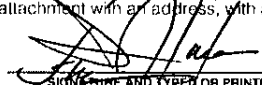
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SIGNATURE:  **JUNE D'ALVIA** **26 APR 2005 (941) 623-2901**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #