


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005 8:00 am
Secretary of State

06-30-2005 90002 045 ***550.00

DOCUMENT # P04000146797	
1. Entity Name AIR VOICE COMMUNICATIONS INC.	

Principal Place of Business 511 S. ORNAGE BLOSSOM TRAIL APOPKA, FL 32703	Mailing Address 511 S. ORNAGE BLOSSOM TRAIL APOPKA, FL 32703
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50054256

2. Principal Place of Business 511 S. ORANGE BLOSSOM TR	3. Mailing Address 511 S. ORANGE BLOSSOM TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State APOPKA FL	City & State APOPKA FL
Zip 32703	Zip 32703
Country U.S.A.	Country U.S.A.



05072005 Chg-P CR2E034 (10/03)

4. FEI Number 11-3733657	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LARA, CINTHIA 511 S ORNAGE BLOSSOM TRAIL APOPKA, FL 32703	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																
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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:  CINTHIA LARA	5/28/05	407-697-8593
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>