2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165469

Title:

Name:

Address:

City-St-Zip:

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C/O 16414 TURQUOISE TRL.

APELIOG, MARCEL

WESTON, FL 33331

FILED May 02, 2006 Secretary of State

Entity Nar	ne: AV FLOR	IDA INVESTMENTS CORP.						
Current Principal Place of Business:				New Principal Place of Business:				
16414 TURQUOISE TRL. WESTON, FL 33331				5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351				
Current Mailing Address:				New Mailing Address:				
16414 TURQUOISE TRL. WESTON, FL 33331				5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351				
FEI Number:	55-0890939	FEI Number Applied For()	FEI Nur	nber Not Appli	cable ()	Certificate of	Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
3955-N NC	K. VENTRY, F DRTHWEST 1 BEACH, FL 33	7TH AVENUE						
	named entity : e of Florida.	submits this statement for the	purpose o	f changing it	s registered	office or regis	tered agent, or both,	
SIGNATUF								
Election Can	ce with s. 607.19	iic Signature of Registered Ag 3(2)(b), F.S., the corporation did n g Trust Fund Contribution (). TORS:	•	·		Date S TO OFFICE	RS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () VAINRUB, ROE C/O 16414 TUF WESTON, FL :	QUOISE TRL.		Title: Name: Address: City-St-Zip:	D (VAINRUB, RC 5448 N. UNIV LAUDERHILL	ERSITY DR.	ddition	
Title: Name: Address: City-St-Zip:	D () DOLMAN, CLAI C/O 16414 TUF WESTON, FL	QUOISE TRL		Title: Name: Address: City-St-Zip:	D (DOLMAN, CL 5448 N. UNIV LAUDERHILL	ERSITY DR.	ddition	
Title: Name: Address: City-St-Zip:	D () ROTTER, ALAN C/O 16414 TUP WESTON, FL :	QUOISE TRL.		Title: Name: Address: City-St-Zip:	D (ROTTER, ALA 5448 N. UNIV LAUDERHILL	ERSITY DR.	ddition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERTO VAINRUB DIR. 05/02/2006

(X) Change () Addition

APELIOG, MARCEL DIR.

5448 N. UNIVERSITY DR.

LAUDERHILL, FL 33351