## FILED Feb 29, 2008 8:00 am Secretary of State

ANNUAL REPORT	N
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DOCUMENT # P04000165469  1. Entity Name AV FLORIDA INVESTMENTS CORP.									02-29-2008	•			
Principal Place 5448 N. UNIN LAUDERHILL,	VERSITY DR.		į	lailing Address 5448 N. UNIVERSITY D AUDERHILL, FL 3335	1		:	4003			AL <b>Field Filit</b> (1		
2. Principal Place of Business No P.O. Box # 7				3. Mailing Address STATE RU. 7					- -				
Suite, Apt. #, etc.				Suite, Apr. #, etc:				02152008 4. FEI Number	Chg-P	CR2E0	34 (12/06)	plied For	
CHASSERHILL, FL				LANSERHILL, FL 33313 GROWARD				55-089	0939		<del></del>	t Applicable	
<sup>zip</sup> 33		Country CSCOWACS and Address of Current R		3313	3r	ር ማስታሪያ			of Status Desired  Address of New I		Fee Required		
IVNNES						Name			Addition of New Y	togisto.ou /			
LYNNE S. K. VENTRY, P.A. 3955-N NORTHWEST 17TH AVENUE DELRAY BEACH, FL 33445							Street Address (P.O. Box Number is Not Acceptable)						
					1	City				FL	Zip Code	,	
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_	Signature, typed	or printed name of registered agent an	nd title	if applicable. (NOTE	E: Registered	d Agen) signatu	re required	when reinstating)	_	DATE			
FILE NOWIL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  -9. Election Campaign Finan Trust Fund Contribution.						icing		.00 May Be ed to Fees					
10.		OFFICERS AND D	DIRE		11.			ADDITIONS/	CHANGES TO OF	FICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5448 N. U	, ROBERTO DIR. INIVERSITY DR. HILL, FL 33351		☐ Delete			26 LAI	29 N 5	TATE RU. LL, FL	3313 7	<b>™</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5448 N. U	, CLAUDIO DIR. INIVERSITY DR. HILL, FL 33351		☐ Delete		E Et address -st-zip			TATE RS. LL, FL3		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5448 N. U	ALAN DIR. INIVERSITY DR. HILL, FL 33351		☐ Delete	1				TATE RS		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 <u>44</u> 8 N. U	, MARCEL DIR. INIVERSITY DR. HILL, FL 33351	·	☐ Delete	ľ				STATE 12 ILL, FL		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete							☐ Change	☐ Addition	
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: 2005075 VAINRUS 2/22/08 (RS4) 358 2274													