2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State
02-29-2008 90012 034 ***150.00

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1. Entity Name
AV FLORIDA INVESTMENTS CORP.

40035291

Principal Place of Business	Mailing Address
5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351	5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351

02152008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2629 N STATE RD. 7	2629 N STATE RD. 7
Suite, Apt. #, etc:	Suite, Apt. #, etc:
City & State: LAUDERHILL, FL	City & State: LAUDERHILL, FL
Zip: 33313 Country: BROWARD	Zip: 33313 Country: BROWARD

4. FEI Number 55-0890939 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYNNE S. K. VENTRY, P.A. 3955-N NORTHWEST 17TH AVENUE DELRAY BEACH, FL 33445	Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ 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, 2008 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	D VAINRUB, ROBERTO DIR. 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2629 N STATE RD. 7 LAUDERHILL, FL 33313
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOLMAN, CLAUDIO DIR. 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2629 N STATE RD. 7 LAUDERHILL, FL 33313
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROTTER, ALAN DIR. 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2629 N STATE RD. 7 LAUDERHILL, FL 33313
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D APELIOG, MARCEL DIR. 5448 N. UNIVERSITY DR. LAUDERHILL, FL 33351	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 2629 N STATE RD. 7 LAUDERHILL, FL 33313
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: _____ ROBERTO VAINRUB 2/22/08 (954) 358 2274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #