2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006486

Entity Name: AVALON COUNTRY ESTATES, INC

FILED Jul 19, 2006 Secretary of State

| Current Principal Place of Business: | | | New Prince | New Principal Place of Business: | |
|---|--|---|---|---|--|
| 2123 SW 5 MIAMI, FL | | 3 | | | |
| Current Mailing Address: | | | New Maili | New Mailing Address: | |
| 2123 SW 5 MIAMI, FL | | 5 | | | |
| FEI Number: | : 20-2153445 | FEI Number Applied For () | FEI Number Not Appl | icable () Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent | : Name and | Address of New Registered Agent: | |
| ARRIETE, 2123 SW 5 MIAMI, FL | | 3 | | | |
| | named entity e of Florida. | v submits this statement for t | he purpose of changing i | ts registered office or registered agent, or both, | |
| SIGNATUF | | | | | |
| | Electro | onic Signature of Registered | Agent | Date | |
| | | 93(2)(b), F.S., the corporation di ng Trust Fund Contribution (). | d not receive the prior notic | е. | |
| | S AND DIRE | - | ADDITION | IS/CHANGES TO OFFICERS AND DIRECTOR | |
| Fitle: Name: Address: City-St-Zip: | CH (CABALLERO, 14892 SW 9 I MIAMI, FL 33 | LANE | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Fitle: Name: Address: Dity-St-Zip: | P (ARRIETE, RO 2123 SW 58 / MIAMI, FL 33 | AV | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| Title: Name: Address: Dity-St-Zip: | S (LASHURE, JU 7612 NW 71 / TAMARAC, FL | AVE. | Title: Name: Address: City-St-Zip: | ()Change ()Addition | |
| itle: lame: \ddress: City-St-Zip: | D (GUTIERREZ, 16112 SW 83 MIAMI, FL 33 | SST | Title: Name: Address: City-St-Zip: | D (X) Change () Addition MOREJON, PABLO E 510 SW 122 AV MIAMI, FL 33184 US | |
| Title: Name: Nddress: Dity-St-Zip: | D (GUTIERREZ, P O BOX 421 MIAMI, FL 33 | 8 | Title: Name: Address: City-St-Zip: | D (X) Change () Addition SOKOLOWSKI, MARK 5671 SW 2ND ST MIAMI, FL 33134 US | |
| ⊺itle: Name: | D (SOKOLOWS | X) Delete KI, MARK | Title: Name: Address: | () Change () Addition | |

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.

SIGNATURE: ROBERTO ARRIETE

P 07/19/2006