

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90016 048 ***150.00

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1. Entity Name
FINISTERRE AV, INC.



Principal Place of Business

**700 NE 26 TERR
1103
MIAMI, FL 33137 US**

Mailing Address

**1602 ALTON FORD
45
MIAMI BEACH FL 33139 US**

50004877



2. Principal Place of Business

**2828 CORAL WAY
Suite, Apt. #, etc.
203**

3. Mailing Address

Suite, Apt. #, etc.

03202006

Chg-P

CR2E034 (11/05)

City & State

CORAL GABLES, FL

City & State

4. FEI Number

20-2268974

Applied For

Not Applicable

Zip

33145

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GUISADO, ESTEBAN S
700 NE 26 TERR
#1103
MIAMI, FL 33137**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME **GUISADO, ESTEBAN S**
STREET ADDRESS **700 NE 26 TERR #1103**
CITY-ST-ZIP **MIAMI, FL 33137**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME **GUISADO, ESTEBAN S**
STREET ADDRESS **777 NE 62 ST #C202**
CITY-ST-ZIP **MIAMI, FL 33138**

TITLE VP ☐ Change ☒ Addition
NAME **NOAALES, GONZALO**
STREET ADDRESS **13515 NE 20 COURT**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

ESTEBAN GUISADO

3-20-06

786-543-3739

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #