2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000035869

1. Entity Name
AVE RESIDENTIAL CONTRACTORS CORP.

qUU:?·

03152006   Chg-P   CR2E034 (11/05)

Principal Place of Business	Mailing Address
910 RANDALL BLVD. NAPLES, FL 34120	910 RANDALL BLVD. NAPLES, FL 34120

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

4. FEI Number   87-07 40975 | 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
ROBLES, RUBY 910 RANDALL BLVD. NAPLES, FL 34120	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

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		**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P		☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBLES, RUBY		NAME	
STREET ADDRESS	910 RANDALL BLVD.		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	ROBLES, JULIO C.		NAME	
STREET ADDRESS	910 RANDALL BLVD.		STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34120		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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: _(signature)_   3-15-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #