


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2006 8:00 am**  
**Secretary of State**

02-21-2006 90014 032 \*\*\*150.00

<b>DOCUMENT # P05000044272</b>		
1. Entity Name <b>AVVAR SMOOTHIE, INC.</b>		

Principal Place of Business <b>14357 SOUTHERN RED MAPLE ORLANDO, FL 32828</b>	Mailing Address <b>14357 SOUTHERN RED MAPLE ORLANDO, FL 32828</b>
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2. Principal Place of Business <b>2999 East Colonial Dr.</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Orlando, Florida</b>	City & State
Zip <b>32803</b>	Country <b>Orange</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>RODRIGUEZ, JANET 14357 SOUTHERN RED MAPLE ORLANDO, FL 32828</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P RODRIGUEZ, JANET 14357 SOUTHERN RED MAPLE ORLANDO, FL 32828</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP ARROYO, CARLOS L 14357 SOUTHERN RED MAPLE ORLANDO, FL 32828</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Janet Rodriguez (Janet Rodriguez) 02/14/06 407-574-7107  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #