UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000086297

1. Entity Name
AVA GROUP, INC

FILED
06 SEP 28 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE 06

2. Principal Place of Business	3. Mailing Address	4. FEI Number	
16508 Amberwind Lane Suite, Apt. #, etc.	same Suite, Apt. #, etc.	32-0152240	Applied For Not Applicable
City & State Lutz, Florida	City & State		
Zip 33558 Country Hillsborg	Zip Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Victor Camejo

Street Address (P.O. Box Number is Not Acceptable): 16508 Amberwind Lane

City: Lutz FL Zip Code: 33558

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: _____ 9/18/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated) DATE

January 1 - May 1, Fee Is $150.00
After May 1, Fee Is $550.00
Amended UBR Is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Camejo, Victor 10604 Echo Lake Drive Odessa, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Exchange Camejo, Victor 16508 Amberwind Lane Lutz, FL 33558
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000080259180 09/28/06--01028--018 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 9/18/06
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date

TOTAL P.01

AVA GROUP, INC
16508 AMBERWIND LANE
LUTZ, FL 33558

September 18, 2006, 2006

Division of Corporations
Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

REF: AVA GROUP INC – P05000086297

Dear Sir or Madam:

Please be advised that the above mentioned uniform business report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived, and that the corporation is allowed to submit a second annual report with the corresponding fee of $ 150.00.

Please advise.

Thank you for prompt attention to the above mentioned matter.

Sincerely,

Victor Camejo
President

VC/rr