

2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

06 SEP 19 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09142006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000109392					
1. Entity Name AVEDIS CORPORATION					
Principal Place of Business 1528 GRASSY RIDGE LANE APOPKA, FL 32712			Mailing Address 1528 GRASSY RIDGE LANE APOPKA, FL 32712		
2. Principal Place of Business 7580 Park Springs Cir		3. Mailing Address 7580 Park Springs Cir.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Orlando, Florida		City & State Orlando, Florida		4. FEI Number 20-3312016	
Zip 32835		Country Orange		Applied For Not Applicable	
Zip 32835		Country Orange		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEIGH, RICHARD A 1031 W. MORSE BLVD., STE 350 WINTER PARK, FL 32789			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D UVEZIAN, AVEDIS 1528 GRASSY RIDGE LANE APOPKA, FL 32712 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900020092029 09/22/06--01045--009 ***150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D UVEZIAN, NIVIA R 1528 GRASSY RIDGE LAND APOPKA, FL 32712 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <i>Nivia R. del Valle de Uvezian</i>		Date: 9/14/06		Daytime Phone #	

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