

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # **PD5000114317**

1. Entity Name

A.V.A. STUDIO, INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business

7875 NW 12 St

3. Mailing Address

7875 NW 12 St

Suite, Apt. #, etc.

ste 101

Suite, Apt. #, etc.

ste 101

City & State

Miami, FL

City & State

Miami, FL

Zip

33126

Country

US

Zip

33126

Country

US

REINSTATEMENT 06-08

0172000

Chg-P

CR2E034(44405)

4. FEI Number

☒ 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

Name **Artraga Regla**

Street Address (P.O. Box Number is Not Acceptable)

401 SW 67 ave Apt 2

City **Miami**

FL

Zip Code **33144**

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)

1/10/08

DATE

9. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **President** ☒ Delete
NAME **Calasich, Lilian P**
STREET ADDRESS **3115 Connecticut ave**
CITY-ST-ZIP **Naples, FL 34112**

TITLE **Vice-president** ☒ Delete
NAME **Ribera, Alberto**
STREET ADDRESS **3115 Connecticut ave**
CITY-ST-ZIP **Naples, FL 34112**

TITLE **Treasure** ☒ Delete
NAME **Zambrana, Nicole G.**
STREET ADDRESS **3115 Connecticut ave**
CITY-ST-ZIP **Naples, FL 34112**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **President** ☒ Change ☒ Addition
NAME **Artraga, Regla**
STREET ADDRESS **401 SW 67 ave Apt 2**
CITY-ST-ZIP **Miami, FL 33144**

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

TITLE ☐ Change ☐ Addition
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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08

DATE

Daytime Phone #

FILED

08 JAN 17 AM 11:53

CLERK OF STATE
TALLAHASSEE, FLORIDA

#

P05000114317

A.V.A STUDIO, INC
7875 NW 12 ST STE 101
MIAMI, FL 33126

January 11, 2008

To Whom It May Concern:

This is a brief letter stating that I did not receive any postcard or notice Reminding me of the Uniform Business Report of my company A.V.S. Studio, Inc. with Document # P 05000114317. Along with this Business Report for the years of 2006-2007-2008.

If you need further assistance please feel free to contact us. Thank you in advance for your help.

Sincerely,



Regla Artiaga