

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000134899

Entity Name: AVO3 INC

FILED  
Apr 26, 2007  
Secretary of State

## Current Principal Place of Business:

13146 CANNA LILY DRIVE  
ORLANDO, FL 32824

## New Principal Place of Business:

8141 S. MADISON LAKES CIRCLE  
DAVIE, FL 33328

## Current Mailing Address:

13146 CANNA LILY DRIVE  
ORLANDO, FL 32824

## New Mailing Address:

8141 S. MADISON LAKES CIRCLE  
DAVIE, FL 33328

FEI Number: 20-3578588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ONTANEDA, ADRIANA  
13146 CANNA LILY DRIVE  
ORLANDO, FL 32824 US

## Name and Address of New Registered Agent:

ONTANEDA, ADRIANA  
8141 S. MADISON LAKES CIRCLE  
ORLANDO, FL 33328 US

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.

SIGNATURE:

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ONTANEDA, ADRIANA  
Address: 13146 CANNA LILY DRIVE  
City-St-Zip: ORLANDO, FL 32824

Title: S ( ) Delete  
Name: ONTANEDA, ADRIANA  
Address: 13146 CANNA LILY DRIVE  
City-St-Zip: ORLANDO, FL 32824

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ONTANEDA, ADRIANA  
Address: 8141 S. MADISON LAKES CIRCLE  
City-St-Zip: DAVIE, FL 33328

Title: S (X) Change ( ) Addition  
Name: ONTANEDA, ADRIANA  
Address: 8141 S. MADISON LAKES CIRCLE  
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIANA ONTANEDA

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date