2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000154961

1. Entity Name
AVIONES, INC.

Principal Place of Business	Mailing Address
470 NW 102ND TERRACE PEMBROKE PINES, FL 33026	470 NW 102ND TERRACE PEMBROKE PINES, FL 33026

2. Principal Place of Business	3. Mailing Address
8020 HAMPTON BLVD	8020 HAMPTON BLVD.

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#309	#309

City & State	City & State
NORTH LAUDERDALE, FL	NORTH LAUDERDALE, FL

01302006   Chg-P   CR2E034 (11/05)

Zip 33068	Country USA	Zip 33068	Country USA

4. FEI Number 20-3844454   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH K. NOFIL, P.A.
3284 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS | **11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PSTD	☐ Delete	TITLE	PSTD	☒ Change	☐ Addition
NAME	MARTINES, CARLOS		NAME	CARLOS MARTINEZ		
STREET ADDRESS	~~470 NW 102ND TERRACE~~		STREET ADDRESS	8020 HAMPTON BLVD #309		
CITY-ST-ZIP	~~PEMBROKE PINES, FL 33026~~		CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068		

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

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

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CITY-ST-ZIP			CITY-ST-ZIP			

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CITY-ST-ZIP			CITY-ST-ZIP			

TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			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: ___Carlos Martinez___   05/01/06   754-423 5422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #