

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000015693	
1. Entity Name AVRA ENTERPRISES, CORP.	



FILED

2008 MAY -1 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7721 NW 7TH STREET #112 MIAMI, FL 33126	Mailing Address 7721 NW 7TH STREET #112 MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 7891 W FLAGLER ST #188	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04302008 Chg-P CR2E034 (12/06)

City & State MIAMI, FL	City & State
Zip 33144	Country USA

4. FEI Number 208384278	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PINARGOTE, DANIELA 7721 NW 7TH STREET #112 MIAMI, FL 33126	
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7. Name and Address of New Registered Agent Name DANIELA PINARGOTE Street Address (P.O. Box Number is Not Acceptable) 7891 W FLAGLER ST #188 City MIAMI FL Zip Code 33144	
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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 DANIELA PINARGOTE	DATE 4-30-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PINARGOTE, DANIELA 7721 NW 7TH STREET, #112 MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7891 W FLAGLER ST #188 MIAMI FL 33144 <input checked="" 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
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600129226906 05/13/08--01037--013 <input checked="" 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
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: DANIELA PINARGOTE	4-30-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #