2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000104877

1. Entity Name
AFFORDABLE VAN LINES INC.

FILED
08 MAY 27 AM 10: 34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
11/21/07 01059 003 $35.00

Principal Place of Business	Mailing Address
2712 NW 29TH TERRACE SUITE 1 OAKLAND PARK, FL 33311	2712 NW 29TH TERRACE SUITE 1 OAKLAND PARK, FL 33311

05272008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7546 W. McNab Rd	7546 W. McNab Rd
Suite, Apt. #, etc.: Suite B-9	Suite, Apt. #, etc.: Suite B-9
City & State: N. Lauderdale, FL	City & State: N. Lauderdale, FL
Zip: 33068 Country	Zip: 33068 Country

4. FEI Number: 26-110-1051 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARMELO, LEMAINE
2712 NW 29TH TERRACE
SUITE 1
OAKLAND PARK, FL 33311

7. Name and Address of New Registered Agent

Name: Binjamin Binjamin
Street Address (P.O. Box Number is Not Acceptable): 7546 W. McNab Rd
City: N. Lauderdale FL Zip Code: 33068

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] 5/24/08
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
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution ☐ $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 LEMOINE, CARMELO 7012 NW 29TH TERRACE OAKLAND PARK, FL 33311	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Binjamin Binjamin 7546 W. McNab Rd N. Lauderdale, FL 33068	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BINJAMIN, BINJAMIN 2712 NW 29TH TERR., SUITE 1 OAKLAND PARK, FL 33311	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTM Saprit Robio 7546 W. McNab Rd N. Lauderdale FL 33068	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900013122924D 06/12/08--01014--001 **115.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JC 6/2	☐ Change ☐ 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: [signature] 5/24/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #