

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

DOCUMENT # P07000119257

1. Entity Name
AVILA SERVICES & ASSOCIATES, INC.



Principal Place of Business
11450 NW 77TH LANE
MEDLEY, FL 33178

Mailing Address
11450 NW 77TH LANE
MEDLEY, FL 33178

bb010897



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102008 Chg-P CR2E034 (12/06)

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

AVILA, ANGEL
11450 NW 77TH LANE
MEDLEY, FL 33178

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 renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSD ☐ Delete
NAME AVILA, ANGEL
STREET ADDRESS 11450 NW 77TH LANE
CITY-ST-ZIP MEDLEY, FL 33178

TITLE ☐ Delete
NAME JUAN C. AVILA HAGOBIAN
STREET ADDRESS 11450 NW 77TH LANE VPD
CITY-ST-ZIP MEDLEY FL 33178

TITLE ☐ Delete
NAME ☒ ADD
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

4/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

66010897

#P07000119257

Avila Services & Associates Inc.

11450 NW 77th Lane

Medley, FL 33178

Miami, FL, April 28, 2008

Division of Corporations

P.O. Box 1500

Tallahassee, FL 32302-1500

To whom it may concern

I mailed ANNUAL REPORT FEE for \$150.00 as well as
CERTIFICATION check for \$8.75 on April 12, 2008 by CERTIFIED
MAIL (see returned envelope attached) and was returned to me.

I'm mailing again same documentation. Please process ASAP.

Thank you for your help and assistance in advance.

Respectfully,



President