## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIN

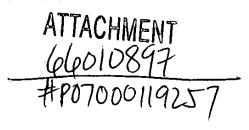
SIGNATURE:

## May 19, 2008 8:00 am Secretary of State DOCUMENT # P07000119257 05-19-2008 90043 001 \*\*\*\*\*8.75 1. Entity Name 05-19-2008 90043 002 \*\*\*150.00 AVILA SERVICES & ASSOCIATES, INC. Principal Place of Business Mailing Address PPUTURAL 11450 NW 77TH LANE 11450 NW 77TH LANE MEDLEY, FL 33178 MEDLEY, FL 33178 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 04102008 Chg-P CR2E034 (12/06) City & State Applied For City & State 4. FEI Number Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AVILA, ANGEL 11450 NW 77TH LANE Street Address (P.O. Box Number is Not Acceptable) MEDLEY, FL 33178 City Zip Code FL 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 liftle if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** TITLE ☐ Delete TITLE ☐ Change Addition NAME AVILA, ANGEL NAME 11450 NW 77TH LANE STREET ADDRESS STREET ADDRESS MEDLEY, FL 33178 CITY-ST-ZIP CITY-ST-ZIP JUAN C. AVLA HAGOBIAN ☐ Addition TITLE NAME NAME 11450 NW 77 LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2 TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby 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 it 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.

FILED

Date

Daytime Phone #



Avila Services & Associates Inc.

11450 NW 77<sup>th</sup> 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 CERTFIED MAIL (see returned envelope attached) and was returned to me.

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

Thank you for you help and assistance in advance.

Respectfully.

President