2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

of the corporation or the receiver of musice simple and to characteristic or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

May 01, 2008 8:00 am Secretary of State DOCUMENT # P07000120451 05-01-2008 90191 039 ***150.00 AVISAI DESIGN CORP Principal Place of Business Mailing Address 1401 WEST 29 ST 1401 WEST 29 ST LOT B20 LOT B20 HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For Not Applicable Zφ Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RAMIREZ FERRER, AVISAI Street Address (P.O. Box Number is Not Acceptable) 1401 WEST 29 ST LOT B20 HIALEAH FL 33012 Zip Code the obligations of registered agent. 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 SIGNATURE Signature, typed or graned narro of registered agent and the if applicable, (NOTE: Registered Agent eignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State , OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ■ Addition RAMIREZ FERRER, AVISAI NAME NAME STREET ADDRESS 1401 WEST 29 ST LOT B20 STREET ADDRESS HIALEAH FL 33012 CITY- ST- 7IP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2iP TITLE Defete TOTAL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MAMP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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 Section 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

FILED

Daytino Phone #