2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000046207

Entity Name: AVENUE 3008, INC

Address:

City-St-Zip:

FILED Mar 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O BERMAN RENNERT VOGEL & MANDLER, P.A. 100 S.E. 2ND STREET, SUITE 2900 MIAMI, FL 33131 **Current Mailing Address: New Mailing Address:** C/O BERMAN RENNERT VOGEL & MANDLER, P.A. 100 S.E. 2ND STREET, SUITE 2900 MIAMI, FL 33131 FEI Number: 98-0581884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. 2ND STREET, SUITE 2900 MIAMI, FL 33131 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change (X) Addition CANOSA, ARMANDO N. Name: Name: C/O 100 S.E. 2ND STREET, SUITE 2900 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131 Title: () Delete Title: VΡ () Change (X) Addition Name: Name: MARUTIAN, MATIAS A. C/O 100 S.E. 2ND STREET, SUITE 2900 Address: Address: MIAMI, FL 33131 City-St-Zip: City-St-Zip: Title: () Change (X) Addition Title: () Delete MARUTIAN, ANDRES S Name: Name: C/O 100 S.E. 2ND STREET, SUITE 2900 Address Address: City-St-Zip: City-St-Zip: MIAMI, FL 33131 Title: () Delete Title: () Change (X) Addition BOYADJIAN, ELSA Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

C/O 100 S.E. 2ND STREET, SUITE 2900

MIAMI, FL 33131

SIGNATURE: ARMANDO N. CANOSA P 03/04/2009