FILED
Apr 14, 2003 8:00 am
Secretary of State
04-14-2003 90948 021 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

80080813

DOCUMENT # P93000066939

1. Entity Name
A.V.E., INC.

Principal Place of Business	Mailing Address
292 S. COUNTY RD. STE 213 NORTH PALM BEACH, FL 33408	C/O PRAGER & FENTON 3RD FL NEW YORK, NY 10017

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o Prager & Fenton Suite, Apt. #, etc. 675 Third Ave. 3 Floor
City & State	City & State New York NY
Zip / Country	Zip 10017 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0439570 ☐ 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
SLAVIN, MICHAEL A 4440 PGA BLVD. STE 402 PALM BCH GARDENS, FL 33410	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT DURR, NICOLE C/O PRAGER&FENTON, 675 3RD AVENUE NEW YORK, NY 10017	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BIELSKI, KAREN 292 S. COUNTY RD. , STE 213 PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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S Margaret Baroncelli
10 Innisbrook Ave
Las Vegas, NV 89113

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ 04/7/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #