

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 OCT 22 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000083662

AVIJOS, INC.

**DO NOT WRITE IN THIS SPACE**

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2. Principal Place of Business 15278 SW 115 Terrace Miami, Florida		3. Mailing Address 15278 SW 115 Terrace Miami, Florida		4. FEI Number		Applied For
City & State Miami, Florida		City & State Miami, Florida		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip 33196	County Miami-Dade	Zip 33196	County Miami-Dade			

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IN THIS SPACE**

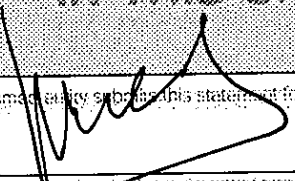
7. Name and Address of Current Registered Agent

Name: **Jose M. Avila**

Street Address (P.O. Box Number is Not Acceptable): **15278 SW 115 Terrace**

City: **Miami** State: **FL** Zip: **33196**

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.

**Signature:**  **Jose M. Avila** **09-16-2002**

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

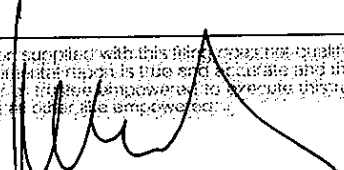
January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			
NAME	PSTD Jose M. Avila	STATE TAX ID	100008500071--8
STREET ADDRESS	15278 SW 115 Terrace	CITY, STATE, ZIP	-10/22/02--01011--004
CITY, STATE, ZIP	Miami, FL 33196		***150.00 ***150.00
NAME		STATE TAX ID	
STREET ADDRESS		CITY, STATE, ZIP	
CITY, STATE, ZIP			
NAME		STATE TAX ID	
STREET ADDRESS		CITY, STATE, ZIP	
CITY, STATE, ZIP			
NAME		STATE TAX ID	
STREET ADDRESS		CITY, STATE, ZIP	
CITY, STATE, ZIP			

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing complies with the quality for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supporting data report is true and accurate and that my signature shall have the same legal effect as if made under oath. 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 11 of an attachment with an address, will or other file empowered.

**SIGNATURE:**  **Jose M. Avila** **09-16-2002**

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OR DIRECTOR

September 26, 2002

Dept of Corporations  
PO BOX 6327  
Tallahassee, FL 32314

Re: Document # P96000083662

To whom it may concern:

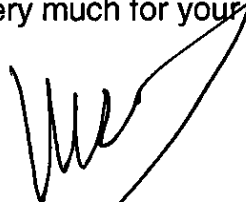
As per our telephone conversation enclosed please find check#1558 in the amount of \$150.00 for the annual report.

As you may have noted in your computers, I never received the renewal form since there was an error in your records and you agreed to accept payment for the renewal for the typical annual fee.

Thank you very much for your cooperation and understanding.

Truly yours,

Jose M Avila

A handwritten signature in black ink, appearing to read 'Jose M Avila', is written over the typed name. The signature is stylized and cursive.