## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000047382

Entity Name: AVBORNE, INC.

FILED Mar 03, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5300 N.W. 36 STREET **BUILDING 850** MIAMI, FL 33122 **Current Mailing Address: New Mailing Address:** 2665 SOUTH BAYSHORE DR SUITE 800 MIAMI, FL 33133 FEI Number: 65-0755869 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: GERSHMAN, DAVID MARTIN, JIM 5300 N.W. 36TH STREET, BLDG. 850 2665 SOUTH BAYSHORE DRIVE MIAMI, FL 33122 US 800 MIAMI, FL 33133 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: DAVID GERSHMAN 03/03/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition MCDOWELL, DEREK A MCDOWELL, DEREK A Name: Name: 2665 SOUTH BAYSHORE DR 8TH FLOOR 2665 SOUTH BAYSHORE DR 8TH FLOOR Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33133 Title: Title: ( ) Delete (X) Change ( ) Addition Name: GIRIUS, MICHAEL Name: WILLIAMS, G.CABELL 1919 PENNSYLVANIA AVENUE NW 1919 PENNSYLVANIA AVENUE NW Address: Address: WASHINGTON, DC 20006 WASHINGTON, DC 20006 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition POWELL, EARL W Name: Name: 2665 SOUTH BAYSHORE DR STE 800 Address: Address: City-St-Zip: MIAMI, FL 33133 City-St-Zip: Title: () Delete Title: () Change () Addition KUFFNER, MARILYN D Name: Name: Address: 2665 S. BAYSHORE DR., 8TH FLOOR Address: City-St-Zip: City-St-Zip: MIAMI, FL 33133 Title: Title: () Delete () Change () Addition WALSH, PRESTON Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

CFOT

MARTIN, JAMES

MIAMI, FL 33166

(X) Change ( ) Addition

5300 NW 36 STREET, BUILDING 850

SIGNATURE: MARILYN D. KUFFNER S 03/03/2004

3150 DOMINION TOWER, 625 LIBERTY AVENUE

PITTSBURGH, PA 15228

MARTIN, JAMES

MIAMI, FL 33166

() Delete

5300 NW 36 STREET, BUILDING 850

Address: City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

PHILIP A. MCNEIL 6715 ROCK FALL COURT CLIFTON, VA 20124

JAMES R. MALONE D/CEO 5150 N. TAMIAMI TRAIL SUITE 403 NAPLES, FL 34105