

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000047382

Entity Name: AVBORNE, INC.

FILED
Jan 07, 2005
Secretary of State

Current Principal Place of Business:

5300 N.W. 36 STREET
BUILDING 850
MIAMI, FL 33122

New Principal Place of Business:

Current Mailing Address:

2665 SOUTH BAYSHORE DR
SUITE 800
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-0755869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSHMAN, DAVID
2665 SOUTH BAYSHORE DRIVE
800
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

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:

Title: DV () Delete
Name: MCDOWELL, DEREK A
Address: 2665 SOUTH BAYSHORE DR 8TH FLOOR
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: WILLIAMS, G. CABELL
Address: 1919 PENNSYLVANIA AVENUE NW
City-St-Zip: WASHINGTON, DC 20006

Title: D () Delete
Name: POWELL, EARL W
Address: 2665 SOUTH BAYSHORE DR STE 800
City-St-Zip: MIAMI, FL 33133

Title: S () Delete
Name: KUFFNER, MARILYN D
Address: 2665 S. BAYSHORE DR., 8TH FLOOR
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: WALSH, PRESTON
Address: 3150 DOMINION TOWER, 625 LIBERTY AVENUE
City-St-Zip: PITTSBURGH, PA 15228

Title: CFOT () Delete
Name: MARTIN, JAMES
Address: 5300 NW 36 STREET, BUILDING 850
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DCEO (X) Change () Addition
Name: MALONE, JAMES R
Address: 5300 NW 36 STREET, BUILDING 850
City-St-Zip: MIAMI, FL 33166

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: MARILYN D. KUFFNER

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01/07/2005

Electronic Signature of Signing Officer or Director

Date