2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90068 001 ***900.00

DOCUMENT # P98000029176

1. Entity Name
A FISH CALLED THE AVALON CORP.

66000361

01052005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
C/O JOSE A. SAAVEDRA 9400 S DADELAND BLVD PENTHOUSE #5 MIAMI, FL 33156	C/O JOSE A. SAAVEDRA 9400 S DADELAND BLVD PENTHOUSE #5 MIAMI, FL 33156

	2. Principal Place of Business	3. Mailing Address
Street	5975 Sunset Drive	5975 Sunset Drive
Suite, Apt. #, etc.	Suite 504	Suite 504
City & State	Miami, Florida	Miami, Florida
Zip	33143	33143
Country	USA	USA

4. FEI Number 65-0035833 ☐ 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
SAAVEDRA, JOSE A 9400 S DADELAND BLVD PENTHOUSE #5 MIAMI, FL 33156	Name: Saavedra, Jose A. Street Address (P.O. Box Number is Not Acceptable): 5975 Sunset Drive Suite 504 City: Miami FL Zip Code: 33143

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 [signature] Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 1/8/05

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	D GLASSIE, DONELSON C 9400 S DADELAND BLVD PENTHOUSE #5 MIAMI, FL 33156	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Glassie, Donelson C. 5975 Sunset Drive, Suite 504 Miami, FL 33143	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/20/05 Daytime Phone #: 849-3033