

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000061630

Entity Name: AVALOM GENERAL CONTRACTOR, INC.**Current Principal Place of Business:**6130 NW 43RD AVENUE
COCONUT CREEK, FL 33073**Current Mailing Address:**PO BOX 260820
PEMBROKE PINES , FL 33026 US**FEI Number: 27-0600814****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MATUTE, MILTON
5750 SW 130TH AVE
SOUTHWEST RANCHES, FL 33330 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	ARDILA, JUAN
Address	3995 W. MCNAB RD APT.B-105
City-State-Zip:	POMPANO BEACH FL 33069

Title	SEC
Name	MATUTE, GLENDA
Address	5750 SW 130TH AVE
City-State-Zip:	SOUTHWEST RANCHES FL 33330

Title	PRESIDENT
Name	MATUTE, MILTON
Address	5750 SW 130TH AVE
City-State-Zip:	SOUTHWEST RANCHES FL 33330

Title	TREASURER
Name	ARDILA, JESSICA
Address	3995 W MCNAB ROAD
City-State-Zip:	POMPANO BEACH FL 33069
Title	DIRECTOR
Name	GALVEZ, ESTEFANY
Address	5750 SW 130TH AVE
City-State-Zip:	SOUTHWEST RANCHES FL 33330

I hereby 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 all other like empowered.

SIGNATURE: GLENDA MATUTE**SECRETARY****04/29/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date