


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM -
Secretary of State

DOCUMENT # L94999 1. Entity Name AVANTI PUBLISHING COMPANY	
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Principal Place of Business 2105 NW 102 AVE MIAMI, FL 33172	Mailing Address 2105 NW 102 AVE MIAMI, FL 33172
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DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0216913	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNJES, ROBERT, F
 2105 NW 102 AVE
 MIAMI, FL 33172

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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, typed or printed name of registered agent and the if applicable. NOTE: Registered Agent's signature required when reinstating. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000089113 03/15/04-80080-005 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUNJES, ROBERT, F 10751 SW 27 ST DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BOHORQUES, JOSE, A 9385 SW 21 ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GELFAND, ARTHUR ONE EXECUTIVE DR #151 SOMERSET, NJ 08873
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 reports 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/12/04 Daytime Phone #: 305-592-3919