

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007032

FILED
Apr 30, 2009
Secretary of State

Entity Name: AVANTI EDUCATION CENTER INC.

Current Principal Place of Business:

4700 SW 130TH AVE.
SOUTHWEST RANCHES, FL 33330

New Principal Place of Business:

5722 SOUTH FLAMINGO RD
139
COOPER CITY, FL 33330

Current Mailing Address:

4700 SW 130TH AVE.
SOUTHWEST RANCHES, FL 33330

New Mailing Address:

5722 SOUTH FLAMINGO RD
139
COOPER CITY, FL 33330

FEI Number: 26-2992810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARRAPODI, ANTONIETTA R
4700 SW 130TH AVE.
SOUTHWEST RANCHES, FL 33330 US

Name and Address of New Registered Agent:

MARRAPODI, ANTONIETTA R
5722 SOUTH FLAMINGO RD
139
COOPER CITY, 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: _____

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MARRAPODI, ANTONIETTA
Address: 4700 SW 130TH AVE.
City-St-Zip: SOUTHWEST RANCHES, FL 33330

Title: VP () Delete
Name: ANGELICA, BOVA
Address: 5722 SOUTH FLAMINGO ROAD
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MARRAPODI, ANTONIETTA
Address: 5722 SOUTH FLAMINGO RD
City-St-Zip: COOPER CITY, FL 33330

Title: VP (X) Change () Addition
Name: BOVE, ANGELICA
Address: 5722 SOUTH FLAMINGO ROAD
City-St-Zip: COOPER CITY, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARM

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date