


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90129 023 ***158.75

DOCUMENT # P04000012590					
1. Entity Name AVANTE REALTY & FINANCIAL SERVICES, INC.					
Principal Place of Business 4471 NW 36TH STREET UNIT 216-3 MIAMI SPRINGS, FL 33166			Mailing Address 4471 NW 36TH STREET UNIT 216-3 MIAMI SPRINGS, FL 33166		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	03132006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ABAD, GREGORIO 4471 NW STREET, SUITE 216-3 216-3 MIAMI SPRINGS, FL 33166				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABAD, GREGORIO		NAME	ABAD, GREGORIO	
STREET ADDRESS	4471 NW 36TH STREET, SUITE 216-3		STREET ADDRESS	4471 NW 36TH STREET, SUITE 216-3	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
TITLE	VPST	<input type="checkbox"/> Delete	TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABAD, SARA S		NAME	ABAD, SARA S	
STREET ADDRESS	4471 NW 36TH STREET, SUITE 216-3		STREET ADDRESS	4471 NW 36TH STREET, SUITE 216-3	
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Gregorio Abad</i> GREGORIO ABAD		03/14/06		305-884-2966	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	