
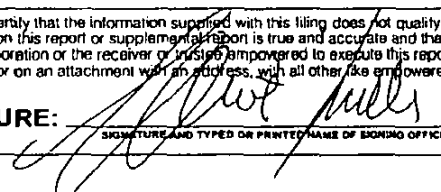


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 25, 2006 8:00 am
Secretary of State

04-24-2006 90454 040 ***150.00

DOCUMENT # P05000035052							
1. Entity Name AVANTI 3480, INC.							
Principal Place of Business 960 ARTHUR GODFREY ROAD SUITE 116 MIAMI BEACH, FL 33140-3329			Mailing Address 960 ARTHUR GODFREY ROAD SUITE 116 MIAMI BEACH, FL 33140-3329				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
5. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MILLER, ELLIOT L 960 ARTHUR GODFREY ROAD SUITE 116 MIAMI BEACH, FL 33140-3329			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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MILLER, ELLIOT L		NAME				
STREET ADDRESS	960 ARTHUR GODFREY ROAD SUITE 116		STREET ADDRESS				
CITY-ST-ZIP	MIAMI BEACH, FL 331403329		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				
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 supplement thereon 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: 			3/31/06				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				

66017294



03302006 Chg-P CR2E034 (11/05)

ATTACHMENT 66017294
#005000035052

Form **SS-4** **Application for Employer Identification Number** OMB No. 1545-0003
 (Rev. February 2006) (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
 Department of the Treasury EIN
 Internal Revenue Service ▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Avanti 3480, Inc

2 Trade name of business (if different from name on line 1) 3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box) 5a Street address (if different) (Do not enter a P.O. box.)
960 Arthur Godfrey Road, Suite 116

4b City, state, and ZIP code 5b City, state, and ZIP code
Miami Beach, Fl 33140

6 County and state where principal business is located
Miami-Dade County, Florida

7a Name of principal officer, general partner, grantor, owner, or trustor 7b SSN, ITIN, or EIN
Elliot L. Miller **104264119**

8a Type of entity (check only one box)

Sole proprietor (SSN) _____

Partnership

Corporation (enter form number to be filed) ▶ **1120A**

Personal service corporation

Church or church-controlled organization

Other nonprofit organization (specify) ▶ _____

Other (specify) ▶ _____

Estate (SSN of decedent) _____

Plan administrator (SSN) _____

Trust (SSN of grantor) _____

National Guard State/local government

Farmers' cooperative Federal government/military

REMIC Indian tribal governments/enterprises

Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country
Florida

9 Reason for applying (check only one box)

Started new business (specify type) ▶ _____

Hired employees (Check the box and see line 12.)

Compliance with IRS withholding regulations

Other (specify) ▶ _____

Banking purpose (specify purpose) ▶ _____

Changed type of organization (specify new type) ▶ _____

Purchased going business

Created a trust (specify type) ▶ _____

Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year). See instructions. 11 Closing month of accounting year
11/2005 **December**

12 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ n/a

13 Highest number of employees expected in the next 12 months (enter -0- if none). Agricultural Household Other

Do you expect to have \$1,000 or less in employment tax liability for the calendar year? Yes No. (If you expect to pay \$4,000 or less in wages, you can mark yes.) -0- -0- -0-

14 Check one box that best describes the principal activity of your business. Health care & social assistance Wholesale-agent/broker

Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-other Retail

Real estate Manufacturing Finance & insurance Other (specify) _____

15 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? Yes No
 Note. If "Yes," please complete lines 16b and 16c.

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.
 Legal name ▶ _____ Trade name ▶ _____

16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.
 Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Third Party Designee

Designee's name Designee's telephone number (include area code)
 ()

Address and ZIP code Designee's fax number (include area code)
 ()

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ **Elliot L Miller** Applicant's telephone number (include area code)
 (**305**) **534-1313**

Signature ▶ *[Signature]* Date ▶ **5/22/06** Applicant's fax number (include area code)
 (**305**) **531-1313**