


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 OCT -1 PM 3:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| | | | |
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| DOCUMENT # P93000054162 | |  | |
| 1. Entity Name AVANTI EXPORT, INC. | | | |
| Principal Place of Business 8060 NW 103 ST UNIT B-13 MIAMI, FL 33186 | | Mailing Address 10415 SW 146 AVE MIAMI, FL 33186 | |
| 2. Principal Place of Business 8060 NW 103 ST Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. STATE | |
| City & State HIALEAH GARDENS | | City & State STATE | |
| Zip 33016 | | Country | |
| Country DADE FLA | | Country | |
| 4. FEI Number 65-0535122 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LEFEVRE, ROSANNA 10415 S.W. 146 AVENUE MIAMI, FL 33186 | | 7. Name and Address of New Registered Agent Name: MARIO PERGER Street Address (P.O. Box Number is Not Acceptable) 6873 NW 126 AVE City: PARK LAND FL Zip Code: 33076 | |
| 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, the registered agent. SIGNATURE: <i>Mario Perger</i> MARIO PERGER DATE: 09-14-04 | | | |
| Amended AR is \$81.25 | | 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 NAME STREET ADDRESS CITY- ST- ZIP | PVD LEFEVRE, ROSANNA 10415 S.W. 146TH AVE MIAMI, FL 33186 PRESIDENT | TITLE NAME STREET ADDRESS CITY- ST- ZIP | MARIO PERGER 6873 NW 126 AVE PARKLAND FL 33076 SECRETARY |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | 400041562424 10/04/04--01018--020 **70.00 |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | TITLE NAME STREET ADDRESS CITY- ST- ZIP | <i>BR10/11</i> |
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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)(c), 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 807, 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>Rosanna Lefevre</i> | | SIGNATURE: <i>Rosanna Lefevre</i> 305-820-5403 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR | | SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR | |