

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90096 042 \*\*\*150.00

DOCUMENT # P93000054162  
 1. Entity Name  
 AVANTI EXPORT, INC.



Principal Place of Business: 8060 NW 103 ST. HIALEAH GARDENS FL 33016  
 Mailing Address: 8060 NW 103 ST. HIALEAH GARDENS FL 33016



2. Principal Place of Business - No P.O. Box #: 8060 N.W. 103 ST  
 Suite, Apt. #, etc.  
 3. Mailing Address: SAME  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State: HIALEAH GARDENS FLA  
 Zip: 33016  
 Country: DADE

4. FEI Number: 65-0535122  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 PERGER, MARIO  
 6873 NW 126 AVE  
 PARK LAND FL 33076

7. Name and Address of New Registered Agent  
 Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: FL Zip:

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: *Rosalina Lefevre* by PRESIDENT  
 (NOTE: Registered Agent signature required when re-registering)  
 DATE: 01-27-07

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PVD	<input type="checkbox"/> Delete
NAME: LEFEVRE, ROSANNA	
STREET ADDRESS: 10415 S.W. 146TH AVE.	
CITY - ST - ZIP: MIAMI FL 33186	
TITLE: S	<input type="checkbox"/> Delete
NAME: PERGER, MARIO	
STREET ADDRESS: 6873 NW 126 AVE	
CITY - ST - ZIP: PARKLAND FL 33076	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY - ST - ZIP:	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Rosalina Lefevre* by ROSANNA LEFEVRE 1-27-07 305-820-5403  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: Daytime Phone #