2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 565991

1. Entity Name
AVANTE INSURANCE AGENCY INCORPORTED

Principal Place of Business	Mailing Address
7490 WEST FLAGLER STREET MIAMI, FL 33144 US	7490 WEST FLAGLER STREET MIAMI, FL 33144 US

DO NOT WRITE IN THIS SPACE

01032007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1842743
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MARIA B.
7490 WEST FLAGLER STREET
MIAMI, FL 33144

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000586610
01/16/07-80060-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FERNANDEZ, MARIA B.
STREET ADDRESS	7490 W. FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	SD
NAME	FERNANDEZ, FRANCISCO
STREET ADDRESS	7490 W. FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	TD
NAME	FERNANDEZ, ANGEL F.
STREET ADDRESS	7490 W. FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	VD
NAME	DOMINGUEZ, GABRIELA
STREET ADDRESS	7490 W. FLAGLER ST.
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 1/11/07 305-648-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #