


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90290 020 ***150.00

DOCUMENT # J76653
 1. Entity Name
AVANCETEC INDUSTRIES, INC.



Principal Place of Business Mailing Address
451 NE 189TH STREET **451 NE 189TH STREET**
MIAMI, FL 33179 US **MIAMI, FL 33179 US**

50050731

2. Principal Place of Business 3. Mailing Address
1150 N.W. 163rd Dr **1150 N.W. 163rd Dr.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Miami, Fl. **Miami, Fl.**

Zip Country Zip Country
33169 **USA** **33169** **USA**



05032005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0175663		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 KANTOR, SEYMOUR 451 NE 189TH STREET MIAMI, FL 33179		7. Name and Address of New Registered Agent Name Kantor, Seymour Street Address (P.O. Box Number is Not Acceptable) 1150 N.W. 163rd Dr. City Miami FL Zip Code 33169

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 \$550.00 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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	PSD KANTOR, SEYMOUR 451 N.E. 189TH STREET MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD Kantor, Seymour 1150 N.W. 163rd Dr. Miami, Fl. 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RON, GIL 451 N.E. 189TH STREET MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Ron, Gil 1150 N.W. 163rd Dr. Miami, Fl. 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Seymour Kantor* Date: 4/29/05 Daytime Phone #: 305-623-3939

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR