


**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90033 009 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

**DOCUMENT # J76653**  
 1. Entity Name  
**ADVANCETEC INDUSTRIES, INC.**



Principal Place of Business      Mailing Address  
 1150 NW 163 DR      1150 NW 163 DR  
 MIAMI, FL 33179 US      MIAMI, FL 33179 US

**DO NOT WRITE IN THIS SPACE**



01272008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>65-0175663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent.  
**KANTOR, SEYMOUR**  
 1150 NW 163 DR  
 MIAMI, FL 33179

**DO NOT WRITE  
 IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD KANTOR, SEYMOUR 1150 NW 163 DR MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RON, GIL 1150 NW 163 DR MIAMI, FL 33169
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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: *Seymour Kantor*      **SEYMOUR KANTOR**      1/31/08      305-623-3939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #