


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # K37368 1. Entity Name AVANTI PROPERTY CORPORATION	
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Principal Place of Business 923 N. PENNSYLVANIA WINTER PARK FL 32789	Mailing Address 923 N. PENNSYLVANIA WINTER PARK FL 32789
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1st MOORE CR2E034 (10/04)

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 59-2919842	<input type="checkbox"/> 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 SCHWARTZ, CHARLES 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 acceptable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PD SCHWARTZ, CHARLES <input type="checkbox"/> Delete
NAME	923 N. PENNSYLVANIA AVE.
STREET ADDRESS	WINTER PARK FL 32789
CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete
NAME	LOEB, DONALD E.
STREET ADDRESS	22 ST CLAIR AVE, E, 1700
CITY-ST-ZIP	TORONTO, ONT., CANADA
TITLE	ST <input type="checkbox"/> Delete
NAME	MORALES, JANET
STREET ADDRESS	923 N. PENNSYLVANIA AVE.
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	VP <input type="checkbox"/> Delete
NAME	SHAPIRO, M
STREET ADDRESS	923 N. PENNSYLVANIA AVE.
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	AT <input type="checkbox"/> Delete
NAME	SHERMAN, B
STREET ADDRESS	923 N. PENNSYLVANIA AVE.
CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 exemption stated in Section 119.07(3)(f), 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 Beila Sherman 1/25/05 407-628-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #