

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90012 012 \*\*\*150.00

**DOCUMENT # L16023**

1. Entity Name

AVANT IMPORT & EXPORT CORP.



Principal Place of Business

519 CEDAR FOREST CIRCLE  
ORLANDO FL 32828

Mailing Address

P.O. BOX 780999  
ORLANDO FL 32878-0994  
US

2. Principal Place of Business

2001 NE 40

3. Mailing Address

P.O. BOX 90-1211

Suite, Apt. #, etc.

one

Suite, Apt. #, etc.

Homestead FLA

City & State

Homestead FLA

City & State

Homestead FLA

Zip

33033

Country

USA

Zip

33090-1211

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0146886

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BALBIN, SERGIO  
519 CEDAR FOREST CIRCLE  
ORLANDO FL 32828

7. Name and Address of New Registered Agent

Name

BALBIN SERGIO

Street Address (P.O. Box Number is Not Acceptable)

2001 NE 40 one

City

Homestead

FL

Zip Code

33033

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004. 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 P  
NAME BALBIN, SERGIO  
STREET ADDRESS 519 CEDAR FOREST CIRCLE  
CITY-ST-ZIP ORLANDO FL 32828

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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)(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: *S Balbin* PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2004

Date

305 247 7354

Daytime Phone #