

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # L30334

1. Entity Name
ADVATECH CORPORATION



Principal Place of Business
**1 CLEARLAKE CENTRE, SUITE 1504
250 AUSTRALIAN AVE, SOUTH
WEST PALM BEACH, FL 33410**

Mailing Address
**1 CLEARLAKE CENTRE, SUITE 1504
250 AUSTRALIAN AVE, SOUTH
WEST PALM BEACH, FL 33410 US**



04132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0160683** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RICHMAN, GERALD F
1 CLEARLAKE CENTRE
250 AUSTRALIAN AVE. S., SUITE 1504
WEST PALM BEACH, FL 33401**

**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 _____

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

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RICHMAN, GERALD F
STREET ADDRESS 1 CLRLKE CTR., 250 AUSTRALIAN AV., S #1504
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE VDS
NAME SPIEGEL, MICHAEL
STREET ADDRESS 189 PALM AVE.
CITY-ST-ZIP MIAMI BEACH, FL 33139

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U00000520100
05/02/06-80080-017 150.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-803-3600