2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000044153

Address:

City-St-Zip:

715 N. BEL AIR DR.

PLANTATION, FL 33317

FILED Sep 05, 2007 Secretary of State

Entity Nam	ie: ADVANI	FAGE MOVING & STORAG	E, INC.			
Current Principal Place of Business:				New Principal Place of Business:		
SUITE 211.	JNRISE BLVI A DN, FL 3331					
Current Mailing Address:				New Mailing Address:		
715 N. BEL AIR DR. PLANTATION, FL 33317				6991 W BROWARD BLVD SUITE 104 PLANTATION, FL 33317		
FEI Number: 65-1007892 FEI Number Applied		FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GRUSHOFF & POSADA, INC 6299 W SUNRISE BLVD STE 211 A PLANTATION, FL 33313 US				GRUSHOFF & POSADA, INC 6991 W. BROWARD BLVD. STE 104 PLANTATION, FL 33317 US		
The above in the State		submits this statement for t	he purpose o	f changing its registered of	office or registered agent, or both,	
SIGNATURE: RODRIGO POSADA				09/05/2007		
Electronic Signature of Registered Agent				Date		
		93(2)(b), F.S., the corporation ding Trust Fund Contribution ().	id not receive t	he prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (POSADA, CHE 715 N. BEL AI PLANTATION,	R DR.		Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	THUR, ROBER 1932 NE 6TH			Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	D (POSADA, ROI) Delete DRIGO		Title: (Name:) Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: ROBERT THUR D 09/05/2007