2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000086398

City-St-Zip:

MIAMI, FL 33183

Entity Name: ARVANE INTERNATIONAL, INC.

FILED May 09, 2005 Secretary of State

Littly Nai	ME. ARVANE	. INTERNATIONAL, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
825 SW 87 AVE SUITE F MIAMI, FL 33174			83 MERRICK WAY CORAL GABLES, FL 33134		
Current Mailing Address:			New Mailing Address:		
P.O. BOX MIAMI, FL					
FEI Number: 65-1039552 FEI Number Applied For ()		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
C/O LEO E 122 MINO	& ASSOCIATE BENITEZ, ESC RCA AVENUE ABLES, FL 33				
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
		3(2)(b), F.S., the corporation did no graphs of the graphs	at receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP (CRUZ, ARMAN 45 NW 125TH : MIAMI, FL 331	AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD (REED, ALEX 14261 SW 119 MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (CRUZ, BEATRI 5904 S.W. 146		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: ARMANDO CRUZ DP 05/09/2005