

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000035463

Entity Name: AVANTI SALES & SERVICE, INC.

FILED  
Mar 11, 2005  
Secretary of State

## Current Principal Place of Business:

5509 E BROADWAY  
TAMPA, FL 33619

## New Principal Place of Business:

## Current Mailing Address:

5509 E BROADWAY  
TAMPA, FL 33619

## New Mailing Address:

FEI Number: 01-0648255

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FAKHAR, HOSS  
5509 E BROADWAY  
TAMPA, FL 33619 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: FAKHAR, HOSS  
Address: 5509 E BROADWAY  
City-St-Zip: TAMPA, FL 33619

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: FAKHAR, HOSS PRES  
Address: 5509 E BROADWAY  
City-St-Zip: TAMPA, FL 33619

Title: VP ( ) Change (X) Addition  
Name: FAKHAR, MIKE VP  
Address: 5509 E BROADWAY AVE  
City-St-Zip: TAMPA, FL 33619

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.

SIGNATURE: MIKE FAKHAR

VP

03/11/2005

Electronic Signature of Signing Officer or Director

Date