


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

05-09-2005 90295 043 \*\*\*150.00

**DOCUMENT # P02000061805**

1. Entity Name  
**AVANCETEC PLASTICS, INC.**



Principal Place of Business  
**451 NE 189TH STREET  
 MIAMI, FL 33179**

Mailing Address  
**451 NE 189TH STREET  
 MIAMI, FL 33179**

**50050962**

2. Principal Place of Business  
**1150 N.W. 163rd Dr.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1150 N.W. 163rd Dr.**  
 Suite, Apt. #, etc.



05032005 Chg-P CR2E034 (10/03)

City & State  
**Miami, Fl.**

City & State  
**Miami, Fl.**

Zip  
**33169**

Country  
**USA**

Zip  
**33169**

Country  
**USA**

4. FEI Number  
**45-0873734**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KANTOR, SEYMOUR**  
**451 NE 189TH STREET**  
**MIAMI, FL 33179**

7. Name and Address of New Registered Agent

Name  
**Kantor, Seymour**

Street Address (P.O. Box Number is Not Acceptable)  
**1150 N.W. 163rd Dr.**

City  
**Miami**

FL Zip Code  
**33169**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KANTOR, SEYMOUR 451 NE 189TH STREET MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD RON, GIL 451 NE 189TH STREET MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Kantor, Seymour 1150 N.W. 163rd Dr. Miami, Fl. 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Ron, Gil 1150 N.W. 163rd DR Miami, Fl. 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Address</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kantor* **4/29/05** **305-623-3939**  
 \_\_\_\_\_ Date Daytime Phone #