## 2005 UNIFORM BUSINESS REPORT (UBR)

|   |  |   |                        | <del></del>               | 0.4.00.000   | 70700715          | ***1 67             | . nn                        |  |
|---|--|---|------------------------|---------------------------|--|-------------------|---------------------|-----------------------------|--|
| DOCU  | JMENT#P0300  | 04-27-2005 90289 018 *** 150.00<br>'ROQOQQ32837<br>SECRETARY OF STATE |                        |                           |  |                   |                     |                             |  |
| AdVa.   | in Technology -  | DIVISION OF CORPORATIONS  |                        |                           |  |                   |                     |                             |  |
|   | <del> </del>   |   |                        |                           | 05 MAY :   | 26 PM L           | <b>₽</b> : 51       |                             |  |
| 1   | ace of Business  | Mailing Address   | C 0                    | 0.1                       |  |                   | -                   |                             |  |
| 19255 Crystal St. , 19255 CRy; Weston FL 33332 1165-25  |  |   |                        | Stal St.                  | RENISTATE  | MEN               | 10                  | 4-05                        |  |
| wes   | 700 PC 33392   | Weston  | م،جر                   | , 33332                   | ł  |                   |                     | •                           |  |
| Principal Place of Business     Mailing Address     Suite, Apt. #, etc.     Suite, Apt. #, etc. |  |   |                        |                           | 04/28/64   |                   |                     | 019                         |  |
| Suite, Apt  | 1. #, etc.   |   | DO NOT WRI             | TE IN THIS SPA            | CE   |                   |                     |                             |  |
| City & Sta  |  | City & State  |                        |                           | 4. FEI Number<br>05-0567616                          |                   | <del></del>         | pplied For<br>ot Applicable |  |
| Zip   | Country  | Zip   | Cour                   | utry .                    | 5. Certificate of Status Desired                     |                   | 3.75 Ad<br>e Requin |                             |  |
|   | 6. Name and Address of Current   | Registered Agent  |                        | 1/2-2                     | 7. Name and Address of New I                         | Registered Age    | mt                  |                             |  |
| Ragbir, Indra   |  |   |                        |                           |  |                   |                     |                             |  |
| 1925'S Crystal St.<br>Weston, FL 3333Z  |  |   |                        | Sireet Address (i         | Street Address (P.O. Box Number is Not Acceptable)   |                   |                     |                             |  |
|   | (0)) 4 (2 (3 (3 (3 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2 (2  | -   |                        | City                      |  |                   | Zip Coc             | 10                          |  |
|   |  | <del></del>   |                        | L                         | •  | FL                |                     |                             |  |
| 8. The above  | e named entity submits this statement for  | or the purpose of changing its  | register               | ed office or register     | ed agent, or both, in the State of Flo               | orida.            |                     |                             |  |
| SIGNATURE   | Significate, typed or printed name of registered agent   | and title if applicable. (NOT   | E: Registere           | d Ageni agnature required | when reinstating)                                    | DATE              |                     |                             |  |
| 9. This corp  | oration is eligible to satisfy its Intangible  | HILL CONV   | त्या संबंध             | ទ ទ ខេត្តបា               |  |                   |                     |                             |  |
| Tax filing :  | requirement and elects to do so.   | वस्ति क्रिशन्ति सा<br>अभूदिनसम्बद्धाः वस्तुप्रत                       |                        |                           | 10. Election Campaign Fir<br>Trust Fund Contribution |                   |                     | 0 May Be<br>d to Fees       |  |
| 11.<br>TILE   | OFFICERS AND   |   | 12.                    |                           | ADDITIONS/CHANGES TO OFF                             |                   |                     |                             |  |
| NAME  | Raabir Indra   | Oelete  | TITU                   |                           |  | Ļ                 | Change              | ☐ Addition                  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 19255 Crystal  | 5 <del>1</del> .<br>332   |                        | ET ADDRESS<br>-ST-ZIP     |  |                   |                     |                             |  |
| TITLE<br>NAME   |  | ☐ Deleta  | TITLE                  | j                         | •  |                   | Change              | ☐ Addition                  |  |
| STREET ADDRESS  |  |   |                        | ET ADDRESS                |  |                   |                     |                             |  |
| CITY - ST - ZIP   |  |   |                        | -ST-ZP                    | · · · · · · · · · · · · · · · · · · ·                |                   |                     |                             |  |
| TITLE<br>NAME   | :.   | ☐ Delete  | TITLE                  |                           |  | Ų                 | Change              | Addition                    |  |
| STREET ADORESS<br>CITY - ST - ZIP   |  |   |                        | ET ADDRESS<br>ST-ZIP      |  |                   |                     |                             |  |
| TITLE   | <del></del>  | ☐ Delete  | TITLE                  | <del></del>               | <del></del>  |                   | Change              | Addition                    |  |
| NAME<br>Street adoress  |  |   | NAME                   | T ADORESS                 |  |                   |                     |                             |  |
| CITY-ST-ZIP   |  |   |                        | \$1 - ZIP                 | •  |                   |                     | İ                           |  |
| TITLE<br>NAME   |  | ☐ Delete  | TITLE                  | J                         |  |                   | Change              | Addition                    |  |
| STREET ADDRESS  | :  |   | NAME<br>Stree          | T ADDRESS                 | •  |                   |                     |                             |  |
| CITY - ST - ZIP   |  |   | CITY-                  | ST-ZIP                    |  |                   |                     |                             |  |
| TITLE<br>Name   |  | Delete  | TITLE                  |                           |  |                   | Change              | Addition                    |  |
| STREET ADDRESS  |  |   |                        | T ADDRESS                 |  |                   |                     |                             |  |
| CITY-SI-ZIP   | and the the information control (the   | this filling date on smalls to  |                        | ST-ZIP                    | tion 110 07/0//3 F1- 12- 0/                          | 1.0 0.0           |                     |                             |  |
| indicated<br>of the corp  | certify that the information supplied with<br>on this report or supplemental report is<br>poration or the receiver or trustee empo | true and accurate and that movered to execute this report             | niupet sa<br>Tysignali | ure shall have the sa     | eme legal effect as if made under o                  | ath; that I am ai | n officer           | or director                 |  |
| changed,  | or on an attachment with an address, v   | with all other like empoyered.  | , ·                    |                           | ., , 1_  | _ 1 _             | _                   |                             |  |
| SIGNAT  | URE: D Charle  | 1Kags   | OR DIRECTO             |                           | 4/2  | 2/05              | ~                   |                             |  |
|   | SIGNATURE AND TYPED OR P   | TOTAL TO ROOME OF SCHIPPS OFFICER (                                   | VIC DARECTO            | <u> </u>                  | Delq   | Daytime           | Phone #             |                             |  |
|   |  |   |                        |                           |  |                   |                     |                             |  |

04-27-2005 90289 018 \*\*\* 150.00

Advan Technology, Inc. 11110 W. Oakland Park Blvd., 344 Sunrise, FL 3351

Facsimile - 1-850-245-6017

May 26<sup>th</sup>, 2005

FLORIDA DEPARTMENT OF STATE Division of Corporations P.O. BOX 6327 Tallahassee, Florida 32314 Attn: Gary

Reference Number P03000032837

Dear Gary:

Please be advised that I was informed today that a letter was sent out on 5/5/2004 regarding the above referenced annual report/uniform business report corrections. As I had mentioned we never received the letter of corrections and I would appreciate it if you could waive the annual late fee, make the necessary corrections to the above mailing address and reinstate the business name as Advan Technology Inc.

Should you have any questions, please call me at 954-659-1739.

Thank you for your time with this matter.

Sincerely,

Juda Rogs.
Indra Ragbir