# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2005**
**Secretary of State**

DOCUMENT# P04000149942

**Entity Name:** AVANTI TRANSPORTATION, INC.

**Current Principal Place of Business:**

6595 NW 36TH ST
119
VIRGINIA GARDESN, FL 33166

**New Principal Place of Business:**

447 NE 8TH ST
HOMESTEAD, FL 33030

**Current Mailing Address:**

6595 NW 36TH ST
119
VIRGINIA GARDENS, FL 33166

**New Mailing Address:**

447 NE 8TH ST
HOMESTEAD, FL 33030

**FEI Number: 03-0550817** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

CHION, IRMA R
6595 NW 36TH ST
119
VIRGINIA GARDENS, FL 33166 US

**Name and Address of New Registered Agent:**

CHION, IRMA R
447 NE 8TH ST
HOMESTEAD, FL 33030 US

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: _____ 04/25/2005
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: CHION, IRMA R
Address: 6595 NW 36TH ST SUITE-119
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: VP ( ) Delete
Name: CHION, IRMA R
Address: 6595 NW 36TH ST SUITE-119
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: S ( ) Delete
Name: CHION, IRMA R
Address: 6595 NW 36TH ST SUITE-119
City-St-Zip: VIRGINIA GARDENS, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: CHION, IRMA R
Address: 447 NE 8TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: VP (X) Change ( ) Addition
Name: CHION, IRMA R
Address: 447 NE 8TH ST
City-St-Zip: HOMESTEAD, FL 33030

Title: S (X) Change ( ) Addition
Name: CHION, IRMA R
Address: 447 NE 8TH ST
City-St-Zip: HOMESTEAD, FL 33030

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: IRMA CHION P 04/25/2005
Electronic Signature of Signing Officer or Director — Date