
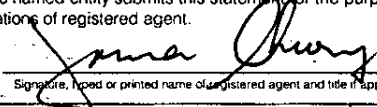
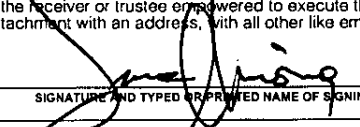


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90112 046 ***158.75

DOCUMENT # P04000149942 1. Entity Name AVANTI TRANSPORTATION, INC.			
Principal Place of Business 447 NE 8TH ST HOMESTEAD, FL 33030		Mailing Address 447 NE 8TH ST HOMESTEAD, FL 33030	
2. Principal Place of Business 3474 West 84 ST Suite, Apt. #, etc. A 105 City & State Hialeah, FL Zip 33018 Country USA		3. Mailing Address 3474 West 84 ST Suite, Apt. #, etc. A 105 City & State Hialeah, FL Zip 33018 Country USA	
4. FEI Number 03-0550817		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		01302006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent CHION, IRMA R 447 NE 8TH ST HOMESTEAD, FL 33030		7. Name and Address of New Registered Agent Name Chiong, Irma R Street Address (P.O. Box Number is Not Acceptable) 161 E 39th ST City Hialeah FL Zip Code 33013	
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  Irma R. Chiong 01/30/2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00.		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHION, IRMA R 447 NE 8TH ST HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Chiong, Irma R. 3474 West 84 ST A-105 Hialeah, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHION, IRMA R 447 NE 8TH ST HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chiong, Irma R. 3474 West 84 ST A-105 Hialeah, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHION, IRMA R 447 NE 8TH ST HOMESTEAD, FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Chiong, Irma R. 3474 West 84 ST A-105 Hialeah, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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:  Irma R. Chiong		Date 01/30/2006 Daytime Phone # (305) 804-6676	