


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90027 035 ***150.00

DOCUMENT # P05000037610		
1. Entity Name ADVAMSER, INC.		
Principal Place of Business 11310 HERON BAY BLVD. #2223 CORAL GABLES, FL 33076		Mailing Address 11310 HERON BAY BLVD. #2223 CORAL GABLES, FL 33076
2. Principal Place of Business 11310 Heron Bay Blvd Suite, Apt. #, etc. 2223 City & State Coral Springs Zip 33076 Country USA	3. Mailing Address 11310 Heron Bay Blvd Suite, Apt. #, etc. 2223 City & State Coral Springs Zip 33076 Country USA	

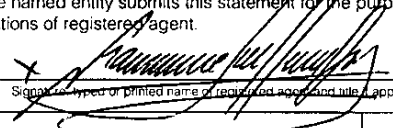


01312006 Chg-P CR2E034 (11/05)

4. FEI Number 20-4218664	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HERRERA, FRANCISCO 11310 HERON BAY BLVD. #2223 CORAL GABLES, FL 33076	7. Name and Address of New Registered Agent Name Herrera, Francisco Street Address (P.O. Box Number is Not Acceptable) 11310 Heron Bay Blvd. 2223 City Coral Springs FL Zip Code 33076
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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: 01/31/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$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	D HERRERA, FRANCISCO 11310 HERON BAY BLVD. CORAL GABLES, FL 33076 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Herrera Francisco 11310 Heron Bay Blvd #2223 Coral Springs FL 33076 <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
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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 an other like empowered.

SIGNATURE:  Director. 01/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #