
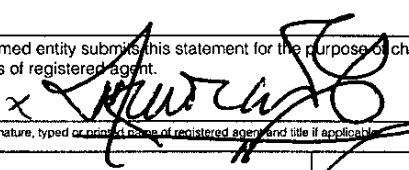
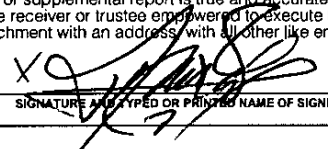


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90071 029 \*\*\*150.00

<b>DOCUMENT # P05000050449</b> 1. Entity Name <b>ADVANTI, INC.</b>					
Principal Place of Business <b>4815 NW 79 AVENUE SUITE 10 DORAL, FL 33166</b>				Mailing Address <b>4815 NW 79 AVENUE SUITE 10 DORAL, FL 33166</b>	
2. Principal Place of Business <b>4436 NW 74 AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>4436 NW 74 AVE</b> Suite, Apt. #, etc.			
City & State <b>MIAMI</b>		City & State <b>MIAMI</b>		4. FEI Number <b>20-2873860</b>	
Zip <b>FI</b> Country <b>33166</b>		Zip <b>FI</b> Country <b>33166</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MORALES, ALEXANDER 4815 NW 79 AVENUE SUITE 10 DORAL, FL 33166</b>				7. Name and Address of New Registered Agent Name <b>MORALES Alexander</b> Street Address (P.O. Box Number is Not Acceptable) <b>4436 NW 74 AVE</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33166</b>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MORALES SALAZAR, ALEXANDER AVENIDA #11 CALLES 72 Y 73 SECTOR TIERRA NEGRA, MARACAIBO VENEZUELA.	<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	VD OCANDO, FREDDY ROMERO AVENIDA #11 CALLES 72 Y 73 SECTOR TIERRA NEGRA, MARACAIBO VENEZUELA.	<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	D BARROETA, OSCAR MORAN AVENIDA #11 CALLES 72 Y 73 SECTOR TIERRA NEGRA, MARACAIBO VENEZUELA.	<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	D BELLOSO VARGAS, OSCAR AVENIDA #11 CALLES 72 Y 73 SECTOR TIERRA NEGRA, MARACAIBO VENEZUELA.	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>AICIDES DE JESUS MORALES 9114 N.W. 119 Terr HIALEAH, FL 33018</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date _____ Daytime Phone # _____		