

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 23, 2006 8:00 am**  
**Secretary of State**

03-23-2006 90025 011 \*\*\*150.00

**DOCUMENT # P05000057738**

1. Entity Name  
**AVANTI WELLNESS CENTER, INC.**



Principal Place of Business  
**165 SOUTHPARK BOULEVARD  
D  
ST. AUGUSTINE, FL 32086**

Mailing Address  
**165 SOUTHPARK BOULEVARD  
D  
ST. AUGUSTINE, FL 32086**

**50005340**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

02222006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DELGADO, JOSE I  
165 SOUTHPARK BOULEVARD  
D  
ST. AUGUSTINE, FL 32086**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 \_\_\_\_\_

**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**

TITLE ☐ Delete  
NAME **P.D DELGADO, JOSE I**  
STREET ADDRESS **604 KETTNER COURT**  
CITY- ST- ZIP **ST. AUGUSTINE, FL 32086**

TITLE ☐ Delete  
NAME **VP.D MERCADO, ANTONIO**  
STREET ADDRESS **877 WHITE EAGLE CIRCLE**  
CITY- ST- ZIP **ST. AUGUSTINE, FL 32086**

TITLE ☐ Delete  
NAME **S.D NARVAEZ, JORGE**  
STREET ADDRESS **5368 BLUE PACIFIC DRIVE WEST**  
CITY- ST- ZIP **JACKSONVILLE, FL 32257**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

**3/13/06 904-824-7597**  
Date Daytime Phone #