


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90006 028 ***150.00

DOCUMENT # P07000100008	
1. Entity Name AVANTE QUALITY R C INC	

Principal Place of Business 2200 NW 102 AVE #5 DORAL FL 33172	Mailing Address 2200 NW 102 AVE #5 DORAL FL 33172
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2. Principal Place of Business - No P.O. Box # 1501 SW 142 PL	3. Mailing Address 1501 SW 142 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State miami FL	City & State miami FL
Zip 33184	Country USA
City & State miami FL	City & State miami FL
Zip 33184	Country USA

4. FEI Number 26-0869836	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARTEAGA, CARLOS 2200 NW 102 AVE #5 DORAL FL 33172	
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 re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	P ARTEAGA, CARLOS 2200 NW 102 AVE #5 DORAL FL 33172 <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
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 #

5/14/08


ATTACHMENT

40107673
P8700010000 \$

5/14/08

To Whom It may concern

I did not have a chance to renewal
the Corporation due to the Fact, I
did not receive the annual renewal
report It was mail to the
previous address: Please be
considerate I only have 150.00
for the corporate Renewal
Appreciate all your help


Carlos Anteaaga
President