

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Nov 04, 2009  
Secretary of State**

DOCUMENT# P07000106739

Entity Name: AVANT-GARDE SOLUTIONS INC.

**Current Principal Place of Business:**

9480 NE 2ND AVENUE  
MIAMI SHORES, FL 33148

**New Principal Place of Business:**

3250 NE 1ST AVE  
#106  
MIAMI, FL 33147

**Current Mailing Address:**

9480 NE 2ND AVENUE  
MIAMI SHORES, FL 33148

**New Mailing Address:**

3301 NE 1ST AVE  
#2004  
MIAMI, FL 33147

FEI Number: 20-5745733      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GONZALES, NATOSHA  
9480 NE 2ND AVENUE  
MIAMI SHORES, FL 33148      US

**Name and Address of New Registered Agent:**

GONZALES, NATOSHA  
3301 NE 1 ST AVE  
2004  
MIAMI, FL 33147      US

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.

SIGNATURE: \_\_\_\_\_ 11/04/2009  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GONZALES, NATOSHA  
Address: 9480 NE 2ND AVENUE  
City-St-Zip: MIAMI SHORES, FL 33148

Title: STD (X) Delete  
Name: MILLER, DANNY  
Address: 9480 NE 2ND AVENUE  
City-St-Zip: MIAMI SHORES, FL 33148

Title: VPD ( ) Delete  
Name: WILLIAMS, TOMMIE  
Address: 9480 NE 2ND AVE  
City-St-Zip: MIAMI SHORES, FL 33148

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: GONZALES, NATOSHA  
Address: 3301 NE 1ST AVE #2004  
City-St-Zip: MIAMI SHORES, FL 33147

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: WILLIAMS, TOMMIE  
Address: 3301 NE 1ST AVE #2004  
City-St-Zip: MIAMI, FL 33147

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATOSHA GONZALES      PD      11/04/2009  
Electronic Signature of Signing Officer or Director      Date