


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90018 010 ***150.00

DOCUMENT # P13671 1. Entity Name AVANTI SECURITIES CORPORATION																																																																																																																													
Principal Place of Business 923 N. PENNSYLVANIA WINTER PARK FL 32789			Mailing Address 923 N. PENNSYLVANIA WINTER PARK FL 32789																																																																																																																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																																																										
4. FEI Number 98-0077479			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 SCHWARTZ, CHARLES 923 N. PENNSYLVANIA AVE WINTER PARK FL 32789				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City Winter Park FL Zip Code 32789																																																																																																																									
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 X <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																																																																																																																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PTD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>LOEB, DONALD E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22 ST CLAIR AVE E #1700</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TORONTO ONTARIO CANA</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VSD</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCHWARTZ, CHARLES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>923 N. PENNSYLVANIA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK FL 32787</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHAPIRO, M</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>923 N. PENNSYLVANIA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK FL 32789</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AT</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SHERMAN, BEILA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>923 N. PENNSYLVANIA AVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER PARK FL 32789</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSEN, DAWN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>22 ST CLAIR AVE. EAST, #1700</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TORONTO, ONTARIO CAN</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PTD	<input type="checkbox"/> Delete	NAME	LOEB, DONALD E.		STREET ADDRESS	22 ST CLAIR AVE E #1700		CITY-ST-ZIP	TORONTO ONTARIO CANA		TITLE	VSD	<input type="checkbox"/> Delete	NAME	SCHWARTZ, CHARLES		STREET ADDRESS	923 N. PENNSYLVANIA AVE		CITY-ST-ZIP	WINTER PARK FL 32787		TITLE	VP	<input type="checkbox"/> Delete	NAME	SHAPIRO, M		STREET ADDRESS	923 N. PENNSYLVANIA AVE		CITY-ST-ZIP	WINTER PARK FL 32789		TITLE	AT	<input type="checkbox"/> Delete	NAME	SHERMAN, BEILA		STREET ADDRESS	923 N. PENNSYLVANIA AVE		CITY-ST-ZIP	WINTER PARK FL 32789		TITLE	S	<input type="checkbox"/> Delete	NAME	ROSEN, DAWN		STREET ADDRESS	22 ST CLAIR AVE. EAST, #1700		CITY-ST-ZIP	TORONTO, ONTARIO CAN		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Beila Sherman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Beila Sherman, CPA, CA																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div> 2/3/2004 407-628-8488 <small>Date Daytime Phone #</small> </div> </div>																																																																																																																													

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