


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P13671		
1. Entity Name AVANTI SECURITIES CORPORATION		

Principal Place of Business 923 N. PENNSLVANIA WINTER PARK FL 32789	Mailing Address 923 N. PENNSLVANIA WINTER PARK FL 32789
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

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	
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	Signature, typed or printed name of registered agent only, if not applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LOEB, DONALD E. 22 ST CLAIR AVE E #1700 TORONTO ONTARIO CANA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD SCHWARTZ, CHARLES 923 N. PENNSYLVANIA AVE WINTER PARK FL 32787 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SHAPIRO, M 923 N. PENNSYLVANIA AVE WINTER PARK FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT SHERMAN, BEILA 923 N. PENNSYLVANIA AVE WINTER PARK FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S ROSEN, DAWN 22 ST CLAIR AVE. EAST, #1700 TORONTO, ONTARIO CAN <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1000000208605 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/02/05-80001-005 150.00
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Beila Sherman 1/25/05 407-628-8488	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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