

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2006 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 (10/05)

4. FEI Number 98-0077479	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SCHWARTZ, CHARLES 923 N. PENNSYLVANIA AVE WINTER PARK FL 32789
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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, 2006 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
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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 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SCHWARTZ, CHARLES 923 N. PENNSYLVANIA AVE WINTER PARK FL 32787 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAPIRO, M 923 N. PENNSYLVANIA AVE WINTER PARK FL 32789 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT SHERMAN, BEILA 923 N. PENNSYLVANIA AVE WINTER PARK FL 32789 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSEN, DAWN 22 ST CLAIR AVE. EAST, #1700 TORONTO, ONTARIO CAN ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 000000446613 03/08/06-80018-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Beila Sherman* 2/20/06 407 626848