

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90096 042 ***150.00

DOCUMENT # P93000054162
 1. Entity Name
 AVANTI EXPORT, INC.



Principal Place of Business
 8060 NW 103 ST.
 HIALEAH GARDENS FL 33016

Mailing Address
 8060 NW 103 ST.
 HIALEAH GARDENS FL 33016



2. Principal Place of Business - No P.O. Box #
 8060 N.W. 103 ST
 Suite, Apt. #, etc.

3. Mailing Address
 SAME
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
 HIALEAH GARDENS FLA

City & State

Zip
 33016

Country
 USA

4. FEI Number 65-0535122

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERGER, MARIO
 6873 NW 126 AVE
 PARK LAND FL 33076

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *Rosalina Lefevre* PRESIDENT 01-27-07 DATE

Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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

TITLE	PVD	<input type="checkbox"/> Delete
NAME	LEFEVRE, ROSANNA	
STREET ADDRESS	10415 S.W. 146TH AVE.	
CITY - ST - ZIP	MIAMI FL 33186	
TITLE	S	<input type="checkbox"/> Delete
NAME	PERGER, MARIO	
STREET ADDRESS	6873 NW 126 AVE	
CITY - ST - ZIP	PARKLAND FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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: *Rosalina Lefevre* ROSANNA LEFEVRE 1-27-07 305-820-5403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #