


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000020736 1. Entity Name LA VANT, INC.	
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Principal Place of Business 9801 OLD BAYMEADOWS ROAD #104 JACKSONVILLE, FL 32256	Mailing Address 9801 OLD BAYMEADOWS ROAD #104 JACKSONVILLE, FL 32256
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DO NOT WRITE IN THIS SPACE



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3318961	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SADDIQUE, IS-HAK 580 W. 8TH ST. SUITE 8005 JACKSONVILLE, FL 32209

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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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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	D SADDIQUE, IS-HAK 580 W. 8TH ST., SUITE 8005 JACKSONVILLE, FL 32201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOHAMMAD, ROBERT A.W. P.O. BOX 52572 N/A JACKSONVILLE, FL 32201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAAM, MUTE A P.O. BOX 52473 N/A JACKSONVILLE, FL 32201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOGAN, ERNEST 2835 SWEETHOLLY DRIVE JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOJADDIDY, ZABIHULLAH 7901 BAY MEADOWS CIR. E. #353 JACKSONVILLE BEACH, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000350832 05/02/05-80122-002 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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)(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: X Sham Sadique 4/28/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #