## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jun 19, 2006 8:00 am Secretary of State 05-10-2006 90106 015 \*\*\*150.00

DOCUMENT # P95000020736  1. Entity Name LA VANT, INC.					03 10 200	0 70100 013	7 130.00
Principal Place of Business Mailing Address 9801 OLD BAYMEADOWS ROAD #104 9801 OLD BAYMEADOWS ROAD JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32256			D #104	66019572			
D	OO NOT WRITE	CE	04282006 4. FEI Numb 59-33	ber	CR2E034 (11	- HITH BRITAIN IN 1884	
SADDIQUE 580 W. 8TI SUITE 800 JACKSON	H ST.	DO NOT WRITE IN THIS SPACE					
8. The above named entity submits this statement for the purpose of changing its registered office or registered the obligations of registered agent.  SIGNATURE  Signature. hyped or printed name of registered agent and see if applicable.  (NOTE: Registered Agent signature required with the control of the					oth, in the State of Flo	rida. I am familiar DATE	with, and accept
TIO.  TITLE  MAME STREET ADDRESS CITY-S1-ZIP	OFFICERS AND DIE  D SADDIQUE, IS-HAK 580 W. 8TH ST., SUITE 8005 JACKSONVILLE, FL 32201  D MOHAMMAD, ROBERT A.W. P.O. BOX 52572 N/A JACKSONVILLE, FL 32201  D SALAAM, MUTEE A P.O. BOX 52473 N/A JACKSONVILLE, FL 32201  D LOGAN, ERNEST 2835 SWEETHOLLY DRIVE JACKSONVILLE, FL 32223  D MOJADDIDY, ZABIHULLAH 7901 BAY MEADOWS CIR. E. #353 JACKSONVILLE BEACH, FL 32250			IN '	NOT W	ACE	
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Plorida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signeture 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, such all other like empowered.  SIGNATURE:  SIGNATURE:  SIGNATURE:  Description of the receiver or trustee on execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes.  SIGNATURE:  SIGNATURE:  Description of the receiver or trustee on execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the chapter 607, Florida Statutes, and							