

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90001 046 ***150.00

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1. Entity Name
LA VANT, INC.



Principal Place of Business
**9801 OLD BAYMEADOWS ROAD #104
JACKSONVILLE, FL 32256**

Mailing Address
**9801 OLD BAYMEADOWS ROAD #104
JACKSONVILLE, FL 32256**

2. Principal Place of Business - No P.O. Box #
9801 Old Baymeadows

3. Mailing Address
9801 Old Baymeadows

Suite, Apt. #, etc.
Rd. # 48

Suite, Apt. #, etc.
Rd. # 48

City & State
Jacksonville, FL

City & State
Jacksonville, FL

05252007 Chg-P CR2E034 (12/06)



Zip
32256

Country
DUVAL

Zip
32256

Country
DUVAL

4. FEI Number
59-3318961

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SADDIQUE, IS-HAK
580 W. 8TH ST.
SUITE 8005
JACKSONVILLE, FL 32209**

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SADDIQUE, IS-HAK**
STREET ADDRESS **580 W. 8TH ST., SUITE 8005**
CITY-ST-ZIP **JACKSONVILLE, FL 32201**

TITLE **D** ☐ Delete
NAME **MOHAMMAD, ROBERT A.W.**
STREET ADDRESS **P.O. BOX 52572 N/A**
CITY-ST-ZIP **JACKSONVILLE, FL 32201**

TITLE **D** ☐ Delete
NAME **SALAAM, MUTE A**
STREET ADDRESS **P.O. BOX 52473 N/A**
CITY-ST-ZIP **JACKSONVILLE, FL 32201**

TITLE **D** ☐ Delete
NAME **LOGAN, ERNEST**
STREET ADDRESS **2835 SWEETHOLLY DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32223**

TITLE **D** ☐ Delete
NAME **MOJADDIDY, ZABIHULLAH**
STREET ADDRESS **7901 BAY MEADOWS CIR. E. #353**
CITY-ST-ZIP **JACKSONVILLE BEACH, FL 32250**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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:

Isahak Saddique
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/07
Date

Daytime Phone #