2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000010460

1. Entity Name

AVANTI TECHNOLGIES, INC.



Principal Place of Business

401 NORTH ALTERNATE A1A STE. 34 JUPITER, FL 33477

Mailing Address

401 NORTH ALTERNATE A1A STE. 34 JUPITER, FL 33477

FILED
May 05, 2004 08:00 AM
Secretary of State



04272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0894397 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

STARK, JONATHAN T 401 NORTH ALTERNATE A1A STE. 34 JUPITER, FL 33477

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8. The above the obligat	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	xth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE, Registered)				1 Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Finance Trust Fund Contribution,	cing	\$5.00 May Be Added to Fees	000000157346 05/06/04-80023-004 158.75	
10.	OFFICERS AND DIREC	TORS			·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STARK, JONATHAN T 401 N. ALT A1A #34 JUPITER, FL 33477					
TITLE NAME STREET ADDRESS CITY - ST-ZIP						
TIFLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS GITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE MAME STREET ADDRESS						

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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:

CITY - ST - ZIP

URE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-09 561.747.809

Daytime Phone #