

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000074315

1. Entity Name
AVANT GARDE SPA, INC.



Principal Place of Business
155 MIRACLE MILE
CORAL GABLES, FL 33134

Mailing Address
155 MIRACLE MILE
CORAL GABLES, FL 33134



05072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0952615

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ELSEVYF, MADELEINE
1130 11TH STREET APT. 2-B
MIAMI BEACH, FL 33139

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U00000160623
05/18/04-80005-001 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME ELSEVYF, MADELEINE
STREET ADDRESS 1130 11TH STREET APT. 2-B
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE D
NAME ALFONSO, JORGE
STREET ADDRESS 414 ALCAZAR AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/13/04 305442856