2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 01; 2005 08:00 AM **DOCUMENT # \$99431** 1. Entity Name Secretary of State AVANTI INVESTMENT ADVISORS, INC. Principal Place of Business Mailing Address AVANTI PROPERTIES GROUP 923 PENNSYLVANIA AVE. _____ WINTER PARK FL 32789 AVANTI PROPERTIES GROUP 923 PENNSYLVANIA AVE. WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-1986736 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAPIRO, MARVIN M. Street Address (P.O., Box Number is Not Acceptable) 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 City 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 full-[NOTE Regulated Agen] signature required when reinstating] FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE D THE ☐ Delete Change ☐ Addition NAME LOEB, DONALD E. STREET ADDRESS 22 ST CLAIR AVE E #1700 STREET ADDRESS TORONTO ONT CD CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 000000208606 SCHWARTZ, CHARLES I. MAME MARKE 02/02/05-80001-006 150.00 923 N. PENNSYLVANIA AVE. STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY ST-7iP CITY-S1-ZIP DILE Delete 1137.6 ☐ Change ☐ Addition MAME SHAPIRO, MARVIN M. NAME STREET ADDRESS 923 N. PANNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete Change Addition HANSON, JOANN NAME 880 THIRD AVE 3RD FLOOR STREET ADDRESS STREET ADDRESS NEW YORK NY CITY-ST-ZIP CITY-ST-ZIP ΆT TITLE Delete TiTL\$ Change □ Addition SHERMAN, B NAME NAME 923 N. PENNSYLVANIA AVE. STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP Crity-S1-ZIF TITLE ☐ Delete DILE ☐ Change Addition ROSEN, DAWN NAME NAME 22 ST. CLAIR AVE E #1700 STREET ADDRESS STREET ADDRESS TORONTO, ONTÁRIO, CANADA CITY-ST-ZIP CITY-ST-ZIP

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 off

SIGNATURE