


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 12, 2004 8:00 am**  
**Secretary of State**

01-12-2004 90013 035 \*\*\*150.00

DOCUMENT # P01000061317			
1. Entity Name GAMPEL AVENTURA PROPERTIES, INC.			
Principal Place of Business 19495 BISCAYNE BLVD STE 906 AVENTURA, FL 33180		Mailing Address 19495 BISCAYNE BLVD STE 906 AVENTURA, FL 33180	
2. Principal Place of Business <del>18901 NE 29TH AVE.</del>		3. Mailing Address <del>18901 NE 29TH AVE.</del>	
Suite, Apt. #, etc. SUITE 102		Suite, Apt. #, etc. SUITE 102	
City & State AVENTURA, FL.		City & State AVENTURA, FL.	
Zip 33180		Country USA	
Country USA		Zip 33180	
Country USA		Country USA	
5. Name and Address of Current Registered Agent FROMBERG PERLOW KORNICK PA 20801 BISCAYNE BLVD STE 505 AVENTURA, FL 33180		7. Name and Address of New Registered Agent Name FROMBERG PERLOW KORNICK PA Street Address (P.O. Box Number is Not Acceptable) 18901 NE 29TH AVE. SUITE 100 City AVENTURA FL Zip Code 33180	
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 <i>Barry H. Kornick, Vice Pres.</i> DATE 1/7/2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMPEL, HARRY 19495 BISCAYNE BLVD STE 906 AVENTURA, FL 33180 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST ABSHER, MARGO 19495 BISCAYNE BLVD STE 906 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T 18901 NE 29TH AVE. - SUITE 102 AVENTURA, FL. 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>MARGO G. ABSHER</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 1-7-2004 Daytime Phone # 305-937-0010	