

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000025857

**FILED  
Feb 10, 2009  
Secretary of State**

**Entity Name:** AVEMAR 818 CORP.

**Current Principal Place of Business:**

1500 SAN REMO AVE  
248  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SAN REMO AVE  
SUITE 248  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 27-0119540      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARED AND ASSOCIATES PA  
1500 SAN REMO AVE  
248  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** HARARI, RAFAEL H  
**Address:** 1500 SAN REMO AVE #248  
**City-St-Zip:** CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HARRARI

D

02/10/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date