

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000045598

Entity Name: CABI AVENTURA GP, INC.

FILED  
Apr 28, 2010  
Secretary of State

**Current Principal Place of Business:**

19950 W. COUNTRY CLUB DRIVE  
SUITE 900  
AVENTURA, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

19950 W. COUNTRY CLUB DRIVE  
SUITE 900  
AVENTURA, FL 33180 US

**New Mailing Address:**

FEI Number: 20-8928680      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PD  
Name: CABABIE DANIEL, ELIAS  
Address: 19950 WEST COUNTRY CLUB DRIVE SUITE 900  
City-St-Zip: AVENTURA, FL 33180 US

Title: VPD  
Name: GALANTE, SIMON  
Address: C/O 1200 BRICKELL AVENUE SUITE 900  
City-St-Zip: MIAMI, FL 33131 US

Title: VP  
Name: CABABIE DANIEL, ABRAHAM  
Address: 19950 WEST COUNTRY CLUB DRIVE SUITE 900  
City-St-Zip: AVENTURA, FL 33180 US

Title: VP  
Name: AMKIE, ELIAS  
Address: 19950 WEST COUNTRY CLUB DRIVE SUITE 900  
City-St-Zip: AVENTURA, FL 33180 US

I hereby 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 all other like empowered.

SIGNATURE: ELIAS AMKIE LEVY

VP

04/28/2010

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

\_\_\_\_\_ Date