2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000108275

Entity Name: AVENTURA'S TRAVEL CORP

FILED Mar 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6928 WEST 14 CT 1790 WEST 49 STREET SUITE 305-14

HIALEAH, FL 33014 HIALEAH, FL 33012

Current Mailing Address: New Mailing Address:

6928 WEST 14 CT 1790 WEST 49 STREET SUITE 305-14

HIALEAH, FL 33014 HIALEAH, FL 33012

FEI Number: 26-3885899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

AGUILAR, OMAR D
6928 WEST 14 CT
HIALEAH, FL 33014
US
AGUILAR, OMAR D
1790 WEST 49 STREET
SUITE 305-14
HIALEAH, FL 33012 US

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: OMAR AGUILAR 03/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

CHAMPAN BAR 1/2 C. AL NORTE

LEON NICARAGUA,

OFFICERS AND DIRECTORS:

Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 AGUILAR, OMAR D
 Name:
 AGUILAR, OMAR D

 Address:
 6928 WEST 14 CT
 Address:
 1790 WEST 49 STREET SUITE 305-14

City-St-Zip: HIALEAH, FL 33014 City-St-Zip: HIALEAH, FL 33012

oky-36-21p. TimeLait, i E 33014

Title: SD () Delete Title: SD (X) Change () Addition Name: MAYORGA, GEMA F Name: MAYORGA, GEMA F

Address: 6928 WEST 14 CT Address: 1790 WEST 49 STREET SUITE 305-14

City-St-Zip: HIALEAH, FL 33014 City-St-Zip: HIALEAH, FL 33012

Title: V () Delete Title: () Change () Addition Name: CONEXIONES NICA NET, S.A. Name:

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: OMAR AGUILAR P 03/06/2009