

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000039304

**Entity Name:** AVENTURA PRO GROUP, INC.

**FILED**  
**Jan 10, 2017**  
**Secretary of State**  
**CC4125325008**

**Current Principal Place of Business:**

16850 COLLINS AVE  
SUITE 112-151  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

3940 NE 168 ST  
N MIAMI BEACH, FL 33160 US

**FEI Number:** 27-2554272

**Certificate of Status Desired:** No

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

KLURMAN, MICHAEL  
3940 NE 168 ST  
N MIAMI BEACH, FL 33160 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KLURMAN, MICHAEL  
Address        16850 COLLINS AVE  
                  SUITE 112-151  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            CHAIRMAN  
Name            MARKMAN, EUGENE  
Address        16850 COLLINS AVE  
                  SUITE 112-151  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title            SECR  
Name            KLURMAN, MICHAEL  
Address        16850 COLLINS AVE  
                  SUITE 112-151  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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: MICHAEL KLURMAN**

**PRESIDENT**

**01/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date