2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

May 02, 2006 8:00 am Secretary of State 05-02-2006 90230 026 ****61.25 **DOCUMENT #731851** THE JOINT COUNCIL OF AVENTURA, INC. UUUUU --Principal Place of Business Mailing Address 4101 SW 47 AVE 4101 SW 47 AVE 105 105 **DAVIE, FL 33314** DAVIE, FL 33314 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 Chg-NP CR2E037 (11/05) City & State FEI Number 59-2297513 Applied For City & State Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERTS MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 4101 SW 47 AVE 105 **DAVIE, FL 33314** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Florida Department of State Trust Fund Contribution. Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE ■ Addition TITLE BRENNER, LEONARD NAME NAME 19355 TURNBERRY WAY #PHD STREET ADDRESS STREET ADDRESS NO. MIAMI BEACH, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE ROSENBLATT, BRUCE NAME NAME STREET ADDRESS STREET ADDRESS 19355 TURNBERRY WAY, #75 AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP TITLE Ð. ☐ Delete Change Addition LAZAR DERRIE NAME NAME STREET ADDRESS 2875 NE 191 ST #400 STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP NO MIAMI BEACH, FL ☐ Delete TITLE ☐ Change Addition TITLE WEINSTEIN, BERNIE NAME NAME 20191 E. COUNTYR CLUB DR., #1707 STREET ADDRESS STREET ADDRESS AVENTURA, FL 33180 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, 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 the empowered. res SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR