


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 731851 1. Entity Name THE JOINT COUNCIL OF AVENTURA, INC.	
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Principal Place of Business 4101 SW 47 AVE 105 DAVIE, FL 33314 US	Mailing Address 4101 SW 47 AVE 105 DAVIE, FL 33314 US
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04262007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2297513	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ROBERTS MANAGEMENT 4101 SW 47 AVE 105 DAVIE, FL 33314

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IN THIS SPACE**

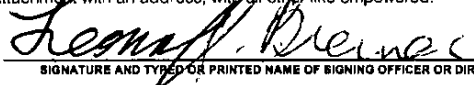
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE: 5-1-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRENNER, LEONARD 19355 TURNBERRY WAY #PHD NO. MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ROSENBLATT, BRUCE 19355 TURNBERRY WAY, #75 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZAR, DEBBIE 2875 NE 191 ST #400 NO MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEINSTEIN, BERNIE 20191 E. COUNTRY CLUB DR., #1707 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/30/07-80051-011 61.25

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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 like empowered.	
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: _____ Daytime Phone #: _____