


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90005 018 ****61.25

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| 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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40107633



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| 2. Principal Place of Business - No P.O. Box # 19501 W. Country Club Drive Suite, Apt. #, etc. #505 | 3. Mailing Address P.O. Box 800509 Suite, Apt. #, etc. |
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02202008 Chg-NP CR2E037 (12/06)

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| City & State Aventura, FL | City & State Aventura, FL |
| Zip 33180 | Country USA |

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| 4. FEI Number 59-2297513 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ROBERTS MANAGEMENT 4101 SW 47 AVE 105 DAVIE, FL 33314 | |
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| 7. Name and Address of New Registered Agent D Lorenzo Business Advisors of Florida, Inc. Street Address (P.O. Box Number is Not Acceptable) 19501 W. Country Club Drive #505 City Aventura FL Zip Code 33180 | |
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| 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  Signature, typed or printed name of registered agent and title if applicable. | MERRILL SPIVAK (NOTE: Registered Agent signature required when reinstating) DATE 5/22/08 |

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| Filing Fee is \$61.25 Due by May 1, 2008 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|-----------------------------------------------------------|---------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BRENNER, LEONARD | | NAME | |
| STREET ADDRESS 19355 TURNBERRY WAY #PHD | | STREET ADDRESS | |
| CITY-ST-ZIP NO. MIAMI BEACH, FL | | CITY-ST-ZIP | |
| TITLE ST | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ROSENBLATT, BRUCE | | NAME | |
| STREET ADDRESS 19355 TURNBERRY WAY, #75 | | STREET ADDRESS | |
| CITY-ST-ZIP AVENTURA, FL 33180 | | CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LAZAR, DEBBIE | | NAME | |
| STREET ADDRESS 2875 NE 191 ST #400 | | STREET ADDRESS | |
| CITY-ST-ZIP NO MIAMI BEACH, FL | | CITY-ST-ZIP | |
| TITLE V | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WEINSTEIN, BERNIE | | NAME | |
| STREET ADDRESS 20191 E. COUNTRY CLUB DR., #1707 | | STREET ADDRESS | |
| CITY-ST-ZIP AVENTURA, FL 33180 | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 like empowered. | |
| SIGNATURE: Leonard Brenner Pres | Date 2-22-08 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |
| Daytime Phone # | |