

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

80-0723 ANR05

closed: 5/07/04
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/04)

DOCUMENT # M80298 1. Entity Name AVENTURA FAN CLUB, INC.					
Principal Place of Business 19575 BISCAYNE BLVD #1315 N MIAMI FL 33180 US			Mailing Address P.O. BOX 141269 IRVING TX 75014		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3009543 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILSON, MARY BETH		NAME	Maureen Richards	
STREET ADDRESS	3201 ROYAL LANE		STREET ADDRESS	933 MacARTHUR BLVD., MAHWAH, NJ 07430	
CITY-ST-ZIP	IRVING TX 75063		CITY-ST-ZIP		
TITLE	PD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEVILLE, R. SHAWN		NAME		
STREET ADDRESS	90 MCKEE		STREET ADDRESS	800047307378	
CITY-ST-ZIP	MAHWAH NJ 07340		CITY-ST-ZIP	02/25/05--01044--019 **150.00	
TITLE	SVP <input checked="" type="checkbox"/> Delete		TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	APPLBAUM, LEE D		NAME	Timothy Garahan	
STREET ADDRESS	90 MCKEE		STREET ADDRESS	67 MILLBROOK ST., WORCESTER, MA 01606	
CITY-ST-ZIP	MAHWAH NJ 07340		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LYNCH, MICHEAL		NAME		
STREET ADDRESS	90 MCKEE		STREET ADDRESS		
CITY-ST-ZIP	MAHWAH NJ 07340		CITY-ST-ZIP		
TITLE	AS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALANTE, ANDREA		NAME		
STREET ADDRESS	3201 W. ROYAL LANE		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75063		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILSON, MARY BETH		NAME		
STREET ADDRESS	3201 W. ROYAL LANE		STREET ADDRESS		
CITY-ST-ZIP	IRVING TX 75063		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: _____			TIMOTHY GARAHAN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			FEB - 7 2005		