

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28646

FILED
Apr 15, 2008
Secretary of State

Entity Name: AVENTURA MARKETING COUNCIL, INC.

Current Principal Place of Business:

18851 NE 29 AVE
#413
AVENTURA, FL 33180 US

Current Mailing Address:

18851 NE 29 AVE
#413
AVENTURA, FL 33180 US

New Principal Place of Business:

20900 NE 30TH AVENUE
#410
AVENTURA, FL 33180 US

New Mailing Address:

20900 NE 30TH AVENUE
#410
AVENTURA, FL 33180 US

FEI Number: 65-0076324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ADLER, ELAINE
18851 NE 29 AVE
#413
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

ADLER, ELAINE
20900 NE 30TH AVENUE
#410
AVENTURA, FL 33180 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:

04/15/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ADLER, ELAINE
Address: 18851 NE 29 AVE
City-St-Zip: AVENTURA, FL 33180 US

Title: D () Delete
Name: BERLIN, GEORGE
Address: 18851 NE 29 AVE
City-St-Zip: AVENTURA, FL 33180 US

Title: C () Delete
Name: SCHULMAN, CLIFF
Address: 18851 NE 29 AVE
City-St-Zip: AVENTURA, FL 33180 US

Title: D () Delete
Name: OLIVERI, TOM
Address: 18851 NE 29 AVE
City-St-Zip: AVENTURA, FL 33180 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ADLER, ELAINE
Address: 20900 NE 30TH AVENUE, SUITE 410
City-St-Zip: AVENTURA, FL 33180 US

Title: D (X) Change () Addition
Name: LEVINSON, JEFFREY
Address: 20900 NE 30TH AVENUE, SUITE 410
City-St-Zip: AVENTURA, FL 33180 US

Title: C (X) Change () Addition
Name: SCHULMAN, CLIFF
Address: 20900 NE 30TH AVENUE, SUITE 410
City-St-Zip: AVENTURA, FL 33180 US

Title: D (X) Change () Addition
Name: OLIVERI, TOM
Address: 20900 NE 30TH AVENUE, SUITE 410
City-St-Zip: AVENTURA, FL 33180 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE ADLER

P

04/15/2008

Electronic Signature of Signing Officer or Director

Date