

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 15, 2004 8:00 am**  
**Secretary of State**

01-15-2004 90002 030 \*\*\*\*61.25

|                                                             |                                                                                   |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N97000001521</b>                              |  |
| 1. Entity Name<br><b>BUSINESS LEADERS OF AVENTURA, INC.</b> |                                                                                   |

|                                                                            |                                                                                          |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>666 71 STREET<br/>AVENTURA, FL 33180</b> | Mailing Address<br><b>666 71 STREET<br/>ATTN: ALAN LIPS<br/>MIAMI BEACH, FL 33141 US</b> |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



01052004 Chg-NP CR2E037 (10/03)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>65-0781545</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                            |
|----------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                     |
| <b>ROUSSO, MARK E<br/>2875 N.E. 191 STREET PH3A<br/>AVENTURA, FL 33180</b> |

|                                                                                                 |
|-------------------------------------------------------------------------------------------------|
| <b>7. Name and Address of New Registered Agent</b>                                              |
| Name                                                                                            |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>18851 NE 29th AVENUE<br/>SUITE 900</b> |
| City <b>AVENTURA</b> FL Zip Code <b>33180</b>                                                   |

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.

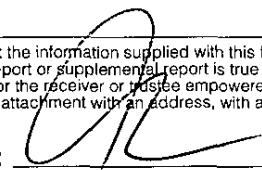
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                                     |                                                                                     |                                       |                                                              |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | <b>Make check payable to<br/>Florida Department of State</b> |
|-----------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                          |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>ROUSSO, MARK<br>3440 HOLLYWOOD BLVD STE 360<br>HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TR<br>LIPS, ALAN<br>666 71 STREET<br>MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>KALEKY, ROB<br>3440 HOLLYWOOD BLVD STE 360<br>HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                          |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                              |
|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 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:**  **1/10/04** **305-868-3600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #