

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # P00000013385

1. Entity Name
ADRIENNE ARON REALTY, INC.



Principal Place of Business
**1031 IVES DAIRY ROAD
SUITE 228
NORTH MIAMI BEACH FL 33178**

Mailing Address
**3610 YACHT CLUB DRIVE
APT. 513
AVENTURA FL 33180**



2. Corporate State or District or Foreign Jurisdiction
FL

3. Mailing Address
**3610 YACHT CLUB DRIVE
APT. 513
AVENTURA FL 33180**

4. Filer Number
65-0981112

5. Certificate of Status Expires
03/26/08

6. Name and Address of Current Registered Agent
**ARON, ADRIENNE
3610 YACHT CLUB DRIVE
APT. #513
AVENTURA FL 33180**

7. Name and Address of New Registered Agent
**ARON, ADRIENNE
3610 YACHT CLUB DRIVE
APT. #513
AVENTURA FL 33180**

1st MOORE

CR2E034 (10/07)

8. The above named entity submits this statement for the purpose of changing its registered office and registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent.

SIGNATURE
ARON, ADRIENNE

DATE
03/26/08

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	DP ARON, ADRIENNE 3610 YACHT CLUB DRIVE, #513 AVENTURA FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	U000000851772 03/26/08-80002-016 150.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Delete	DP ARON, ADRIENNE 3610 YACHT CLUB DRIVE, #513 AVENTURA FL 33180 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP ☐ Change ☐ Addition	U000000851772 03/26/08-80002-016 150.00 ☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 607, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct and that my signature is in full compliance with the provisions of the statute. I am the owner, 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 at Block 1 or Block 11 of this report or supplemental report with an address, with all other law compliance.

SIGNATURE: *Adrienne Aron* **3/6/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR