


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90018 021 ***150.00

DOCUMENT # P01000058877


1. Entity Name
AVENTURA FINANCE CORP.



Principal Place of Business Mailing Address
 18052 W. DIXIE HWY. 18052 W. DIXIE HWY.
 AVENTURA, FL 33160 AVENTURA, FL 33160

2. Principal Place of Business 3. Mailing Address
16300 NE 19th Ave **16300 NE 19th Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
245 **245**

City & State City & State
N. Miami Beach Fl **N. Miami Beach Fl**
 Zip Country Zip Country
33162 **Miami-Dade** **33162** **M-D**



03062003 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1117468 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
BERMUDEZ, DORIAN O
17900 N. BAY RD.
502
N. MIAMI BEACH, FL 33160

7. Name and Address of New Registered Agent
 Name **DORIAN BERMUDEZ**
 Street Address (P.O. Box Number is Not Acceptable)
17900 N Bay RD # 502
 City **Sunny Isles** **FL** Zip Code **33160**

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 *Dorian Bermudez* DATE **05-12-04**

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

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE: PB <input type="checkbox"/> Delete	NAME: BERMUDEZ, BERMUDEZ O
STREET ADDRESS: 17900 N. BAY ROAD, APT 502	CITY-ST-ZIP: N. MIAMI BEACH, FL 33160
TITLE: OF <input type="checkbox"/> Delete	NAME: BERMUDEZ, BERMUDEZ O
STREET ADDRESS: 17900 N BAY ROAD, APT 502	CITY-ST-ZIP: N. MIAMI BEACH, FL 33160
TITLE: TESU <input type="checkbox"/> Delete	NAME: BERMUDEZ, BERMUDEZ O
STREET ADDRESS: 17900 N BAY ROAD, APT 502	CITY-ST-ZIP: N. MIAMI BEACH, FL 33160
TITLE: PRES <input type="checkbox"/> Delete	NAME: BERMUDEZ, DORIAN O
STREET ADDRESS: 1351 NE 191 ST 308 E	CITY-ST-ZIP: N. MIAMI BEACH, FL 33179
TITLE: V-P <input checked="" type="checkbox"/> Delete	NAME: RUSSELL, LEILA
STREET ADDRESS: 3375 N COUNTRY CLUB DR. APT 1007	CITY-ST-ZIP: AVENTURA, FL 33180
TITLE: SEC <input type="checkbox"/> Delete	NAME: BERMUDEZ, DORIAN
STREET ADDRESS: 17900 N. BAY ROAD, APT 502.	CITY-ST-ZIP: N. MIAMI BEACH, FL 33160

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: DORIAN BERMUDEZ
STREET ADDRESS: 17900 N. Bay RD # 502	CITY-ST-ZIP: Sunny Isles, FL 33160
TITLE: OF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: DORIAN BERMUDEZ
STREET ADDRESS: 17900 N. Bay RD # 502	CITY-ST-ZIP: Sunny Isles, FL 33160
TITLE: TESU <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Dorian Bermudez
STREET ADDRESS: 17900 N. Bay RD # 502	CITY-ST-ZIP: Sunny Isles, FL 33160
TITLE: PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Dorian Bermudez
STREET ADDRESS: 17900 N. Bay RD	CITY-ST-ZIP: Sunny Isles, FL 33160
TITLE: SEC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Dorian Bermudez
STREET ADDRESS: 17900 N. Bay RD # 502	CITY-ST-ZIP: Sunny Isles, FL 33160

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(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 *Dorian Bermudez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 9562225
05-10-04
 Date Daytime Phone #