

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058877

FILED
Apr 17, 2005
Secretary of State

Entity Name: AVENTURA FINANCE CORP.

Current Principal Place of Business:

16300 NE 19TH #245
MIAMI, FL 33162

New Principal Place of Business:

18851 NE 29 AVE
700
AVENTURA, FL 33180

Current Mailing Address:

16300 NE 19TH #245
MIAMI, FL 33162

New Mailing Address:

17900 N BAY RD
502
SUNNY ISLES, FL 33180

FEI Number: 65-1117468

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERMUDEZ, DORIAN O
17900 N. BAY RD.
502
N. MIAMI BEACH, FL 33160 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PB () Delete
Name: BERMUDEZ, DORIAN
Address: 17900 N. BAY ROAD, APT 502
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: OF (X) Delete
Name: BERMUDEZ, DORIAN
Address: 17900 N BAY ROAD, APT 502
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: TESU (X) Delete
Name: BERMUDEZ, DORIAN
Address: 17900 N BAY ROAD, APT 502
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: PRES (X) Delete
Name: BERMUDEZ, DORIAN
Address: 1351 NE 191 ST 308 E
City-St-Zip: N. MIAMI BEACH, FL 33179 MD

Title: SEC (X) Delete
Name: BERMUDEZ, DORIAN
Address: 17900 N. BAY ROAD, APT 502.
City-St-Zip: N. MIAMI BEACH, FL 33160

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BERMUDEZ, DORIAN
Address: 17900 N. BAY ROAD, APT 502
City-St-Zip: SUNNY ISLES, FL 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DORIAN BERMUDEZ

PRES

04/17/2005

Electronic Signature of Signing Officer or Director

_____ Date