

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000076560**

1. Entity Name  
**MFA AVENTURA INVESTMENTS INC.**



Principal Place of Business  
**20615 NE 22ND AVE  
AVENTURA, FL 33180**

Mailing Address  
**1655 DREXEL AVE.  
SUITE 212  
MIAMI BEACH, FL 33139**

**DO NOT WRITE IN THIS SPACE**



04052008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1134545**

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SAFFATI, FREIDY  
20615 NE 22ND AVE  
AVENTURA, FL 33180**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**000000948681**  
**06/02/08-80066-002 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	WASERSTEIN, MIRIAM
STREET ADDRESS	21050 NE 34TH CT
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	SD
NAME	SAFFATI, FREIDY
STREET ADDRESS	20615 NE 22 AVE
CITY-ST-ZIP	AVENTURA, FL 33180

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Freidy Saffati*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/2008**  
Date

Daytime Phone #