2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							SECOND F	ILED		
DOCUMENT # P01000117022						SECRETARY OF STATE DIVISION OF CORPORATIONS				
OMI OF AVENTURA II, INC.							04 APR 26	AM 8: 00	<b>45</b> ′	
Principal Piece of Rusiness Mailing Address										
C/O OMI OF I 2200 N. CON WESTON, FL	OF PLANTATION, INC COMMERCE PKWY, S FL 33326									
Crincipal P	.ddress MI_6R0	UP			<b>  15   </b>	LI 11581 11511   1011   6015 11510				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			02202004	Chg-P	CR2E034 (10/03	MES	
City & Stat	е	City & Sta	City & State			4. FEI Numb		<del></del>	Applied For Not Applicable	
Zip	Country Zip		Cou	Country			of Status Desired	□ \$8.75 A	dditional	
	6. Name and Address of Curr	rent Registered Ag	itered Agent			7. Name and Address of New Registered Agent				
DELGADO, MARIO R ESQ.										
MARIO R. DELGADO, P.A. 2000 PONCE DE LEON BLVD., SUITE 102 CORAL GABLES. FL 33134					Street Address (P.O. Box Number is Not Acceptable)					
CONALO	ABEES, FE 33134			City				FL Zip Co	ode	
The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent.						ed agent, or bo	th, in the State of Flo		h, and accept	
SIGNATURE										
FILE NOWIII FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees										
10.	· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS				ADDITIONS	CHANGES TO OFF	ICERS AND DIRECTO		
TITLE NAME	PST Delete TITL ALCOSNA, NELSON									
STREET ADDRESS CITY-ST-ZIP	801 SOUTH UNIVERSITY DE PLANTATION, FL 33324	11221120011		STON.		_	FIDO			
TITLE NAME	D ACOSTA, NELSON	TLE IME				🔀 Change	,			
STREET ADDRESS	DDRESS 801 SOUTH UNIVERSITY DRIVE ST				•			E PKWY :	#100	
CITY-ST-ZIP	PLANTATION, FL 33324	TLE	NE	STON	FL 33	5326 ☐ Change	Addition			
Name		Į.		IME			<u>0</u> 00340	765207 001 **69	. Noortigii t	
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS TY-ST-ZIP		U472 	//0401034 	001 ***69	350.00	
TITLE NAME		[		rle .				☐ Change	☐ Addition	
STREET ADDRESS			ST	REET ADDRESS						
CITY-S1-ZIP TITLE				TY-ST-ZIP				☐ Change	Addition	
NAME		-	. NA	ME .						
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS TY-ST-ZIP					}	
TITLE				ILE		***************************************		☐ Change	☐ Addition	
NAME STREET ADDRESS		_		ME REET ADDRESS						
CITY-ST-ZIP	att. About his information will be			TY-ST-ZIP						
indicated of the con	certify that the information supplied on this report or supplemental representation or the receiver or mustee of	with this mind thes ort is true and accur empowered to execu	not quality for the ex ate and that my sign ute this report as rec	emption stated lature shall have uired by Chapti	o in Sec re the s ter 607	cuon 119.07(3)( ame legal effec , Florida Statute	<ul> <li>Horida Statutes. If the as if made under cost</li> <li>and that my name</li> </ul>	rurther certify that the bath; that I am an office appears in Block 10	e intermation er or director or Block 11 if	
12. Thereby certify that the information supplied with the filling days 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 gas not qualify for 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 of mystee 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 attacpment with an address, with all other like empowered.										
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Date  Description of the director of the dir										
Date Dayline Phone #										