


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State


04-14-2004 90063 026 ***150.00

DOCUMENT # P01000119456	
1. Entity Name AVENTURA BUSINESS CENTER, INC.	

Principal Place of Business 126 S FEDERAL HWY STE 204 DANIA BEACH FL 33004	Mailing Address 126 S FEDERAL HWY STE 204 DANIA BEACH FL 33004
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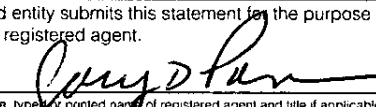
2. Principal Place of Business 18851 NE 29 Ave	3. Mailing Address 18851 NE 29 Ave
Suite, Apt. #, etc. 7th FL	Suite, Apt. #, etc. 7th FL

City & State AVENTURA FL	City & State AVENTURA, FL
Zip 33180	Country FL

	
MOORE	CR2E034 (11/03)
4. FEI Number 02-0581949	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent POSNER, GARY D 126 S FEDERAL HWY STE 204 DANIA BEACH FL 33004	
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7. Name and Address of New Registered Agent	
Name GARY D. POSNER	
Street Address (P.O. Box Number is Not Acceptable) 18851 NE 29th Ave	
City Aventura	Zip Code 33180

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 	DATE 4/9/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP POSNER, GARY D 126 S FEDERAL HWY STE 204 DANIA BEACH FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP POSNER, GARY D 18851 NE 29th Ave, 7th FL AVENTURA FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PUSNER, RONALD 126 S. FEDERAL HWY STE 404 DANIA FL 33004 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	POSNER, RONALD 18851 NE 29th Ave, 7th FL AVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV POSNER, MATTHEW 5302 SAPAHIRE VALLEY BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV POSNER, MATTHEW 18851 NE 29th Ave, 7th FL AVENTURA, FL 33180 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does 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 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 an other like empowered.	
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SIGNATURE: 	4/9/04	30546-4567
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		