


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Apr 26, 2005 08:00 AM
Secretary of State

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

Principal Place of Business 18851 NE 29 AVE. 7TH FLR. AVENTURA, FL 33180	Mailing Address 18851 NE 29 AVE. 7TH FLR. AVENTURA, FL 33180
---	---



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 02-0581949	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent POSNER, GARY D 18851 NE 29TH AVE. 7TH FLR. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POSNER, GARY D 18851 NE 29TH AVE, 7TH FLR. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POSNER, RONALD 18851 NE 29TH AVE, 7TH FLR. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV POSNER, MATTHEW 18851 NE 29TH AVE, 7TH FLR. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00000332555
04/26/05-80062-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/05

Date

786-787-7705

Daytime Phone #