2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 27, 2006 08:00 AM DOCUMENT # P01000119456 Secretary of State AVENTURA BUSINESS CENTER, INC. - Mailing Address Principal Place of Business 18851 NE 29 AVE. 18851 NE 29 AVE. 7TH FLR. 7TH FLR. AVENTURA FL 33180 **AVENTURA FL 33180** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FLI Number 02-0581949 Not Applicable Ζιρ Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POSNER, GARY D Street Address (P.O. Box Number is Not Acceptable) 18851 NÉ 29TH AVE. 7TH FLR. **AVENTURA FL 33180** 5. The above named entity automits 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 Segreture, typed or printed name of recestered agent and trib it applicable (NOTE Registered Agent signature migricol when revisialing) CATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Addition DILE Change TITLE DP ☐ Defete POSNER, GARY D MARE NAME U00000482014 STREET ADDRESS STREET ADDRESS 18851 NE 29TH AVE, 7TH FLR. 04/11/06-80055-025 150.00 CITY-SI-ZIP CHY-S1-ZIP AVENTURA FL 33180 Delete ☐ Change ☐ Addition THE TITLE MASSE POSNER, RONALD P28148 STREET ADDRESS STREET ADDRESS 18851 NE 29TH AVE, 7TH FLR. CITY-ST-70P City-St-ZiP AVENTURA FL 33180 ☐ Change ☐ Addition Defeta 7/71 F NAME MAN POSNER, MATTHEW STREET ADDRESS STREET ACCRESS 18851 NE 29TH AVE, 7TH FLR. C17Y - ST - 21P CITY - ST - ZIP AVENTURA FL 33180 ☐ Delete THE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP ☐ Addition FITLE ☐ Oefete TILLE NAME STREET ADDRESS STREET ADDRESS CATY - SA - AIP City - \$1 - 209 ☐ Delete THILL ☐ Change Addition THE NAME NAME STREET ADDRESS STREE! ADDRESS CULY-ST-ZOF CSTY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 empoyered 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.

FILED

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