

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000052963

1. Entity Name
HNC AVENTURA CORP.



Principal Place of Business
**11870 W STATE ROAD 84 SUTIE C-6
DAVIE, FL 33325**

Mailing Address
**11870 W STATE ROAD 84 SUTIE C-6
DAVIE, FL 33325**

04 MAY -7 AM 9:27
**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

[Handwritten signature]



02092004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
71-0886167

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PETER G. GRUBER, P.A.
9100 SOUTH DADELAND BLVD SUITE 910
MIAMI, FL 33156**

**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, 2004 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
**DPVS
LEACE, HENRY
11870 W STATE ROAD 84 SUTIE C-6
DAVIE, FL 33325**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

200038426042
06/29/04--01058--023 **300.00

**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)(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, in an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Handwritten signature: Henry Leace President]

[Handwritten date: 4/14/04]

[Handwritten phone number: 813-577-8610]