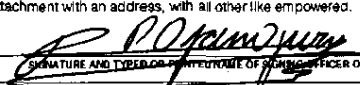


03-31-2003 90220 035 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000103462					
1. Entity Name AVENTURAINVEST, INC.					
Principal Place of Business PEDRO OJANGUREN CCS 432 4440 NW 73 AVENUE MIAMI, FL 33166 US		Mailing Address PEDRO OJANGUREN CCS 432 4440 NW 73 AVENUE MIAMI, FL 33166 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. 20822 NE 32 AVENUE		Suite, Apt. #, etc. 20822 NE 32 AVENUE			
City & State AVENTURA, FL		City & State AVENTURA, FL		4. FEI Number S1-0433139	
Zip 33180		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICES, L.L.C. 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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 _____ <small>(Signature, typed or printed name of registered agent and date of filing) (NOTE: Registered Agent's signature required when substituting)</small>					
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEDRO OJANGUREN		NAME		
STREET ADDRESS	AV. LAS LOMAS, EDIF. SAUDY PAR		STREET ADDRESS		
CITY-ST-ZIP	LOMAS LAGUNITA, CARACAS, VEN		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIREN LIBE LEIZAOLA		NAME		
STREET ADDRESS	AV. LAS LOMAS, EDIF. SAUDY PAR		STREET ADDRESS		
CITY-ST-ZIP	LOMAS LAGUNITA, CARACAS, VEN		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 all other like empowered.					
SIGNATURE: 			3/28/03 305 9315956		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE		

CI22EC04 (10/02)