

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000133811

1. Entity Name
AVATAR OCEAN PALMS, INC.



Principal Place of Business
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134

Mailing Address
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

GETMAN, DENNIS
201 ALHAMBRA CIRCLE
12TH FLOOR
CORAL GABLES, FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

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

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, 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 PD Delete
NAME KELFER, GERALD
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP MIAMI, FL 33134

TITLE VD Delete
NAME PELB, JONATHAN
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP MIAMI, FL 33134

TITLE VD Delete
NAME LEVY, MICHAEL
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP MIAMI, FL 33134

TITLE VT Delete
NAME MCNARY, CHARLES L
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP MIAMI, FL 33134

TITLE V
NAME GETMAN, DENNIS J
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP MIAMI, FL 33134

TITLE VS
NAME KERRIGAN, JUANITA J
STREET ADDRESS 201 ALHAMBRA CIRCLE
CITY-ST-ZIP MIAMI, FL 33134

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
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: *by: Juanita S. Kerrigan, VP/Sec.* 4/15/05 (305) 442-57000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JUANITA S. KERRIGAN

Date Daytime Phone #

14004660



03172005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0233924	Applied For <input type="checkbox"/>
	Not Applicable

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

FLORIDA SECRETARY OF STATE
400 South Monroe Street
Tallahassee, Florida 32399-0001
(850) 488-3991