


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000068056 1. Entity Name ADVENIR INC.				<div style="text-align: right;">FILED</div> <div style="text-align: right;">05 JUL 21 AM 11:22</div> <div style="text-align: right;">SECRET TALLAH</div> <div style="text-align: right;">STATE</div>	
Principal Place of Business 4780 NW 9TH STREET PLANTATION, FL 33317		Mailing Address 4780 NW 9TH STREET PLANTATION, FL 33317			
2. Principal Place of Business 4780 NW 9th Court		3. Mailing Address 4780 NW 9th Court			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Plantation, FL		City & State Plantation, FL		07272005 Chg-P CR2E034 (10/03)	
Zip 33317		Country USA		4. FEI Number 27-0060961	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent ROLLNICK, NEIL S 2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI, FL 33133				7. Name and Address of New Registered Agent Name Neil S. Rollnick Street Address (P.O. Box Number is Not Acceptable) 2525 Ponce De Leon Boulevard Suite 400 City Coral Gables FL Zip Code 33134	
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:  Neil S. Rollnick July 27, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY-ST-ZIP	D VECCHITTO, STEPHEN L 360 COLLINS AVENUE MIAMI, FL 33119	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	miami Beach, FL 33139			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rollnick, Neil S. 2525 Ponce De Leon Blvd, # 400 Coral Gables, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	100058354111 <input type="checkbox"/> Change <input type="checkbox"/> Addition 08/09/05--01002--001 **61.25			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Neil S. Rollnick 7/27/05 (305) 460-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					