2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004
Secretary of State

DOCUMENT# P03000089518

Entity Name: AVENTURA INVESTMENT GROUP, INC.

Current Principal Place of Business:

20801 BISCAYNE BLVD
SUITE 403
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

20801 BISCAYNE BLVD
SUITE 403
AVENTURA, FL 33180

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SYMONETTE, MAURICE
20801 BISCAYNE BLVD
SUITE 403
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

BLAKE, MICHAEL
20801 BISCAYNE BLVD
SUITE 403
AVENTURA, FL 33180 US

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.

SIGNATURE: MICHAEL BLAKE 04/12/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SYMONETTE, MAURICE
Address: 99 NW 183RD STREET, SUITE 227
City-St-Zip: MIAMI, FL 33169

Title: V ( ) Delete
Name: WELLS, MACK
Address: 99 NW 183RD STREET, SUITE 227
City-St-Zip: MIAMI, FL 33169

Title: V ( ) Delete
Name: BUCKMAN, JAMES
Address: 99 NW 183RD STREET, SUITE 227
City-St-Zip: MIAMI, FL 33169

Title: V (X) Delete
Name: SYMONETTE, ADOLPHUS
Address: 20801 BISCAYNE BLVD, SUITE 403
City-St-Zip: MIAMI, FL 333169

Title: D (X) Delete
Name: SYMONETTE, ANTHONY
Address: 99 NW 183RD STREET, SUITE 227
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BLAKE, MICHAEL
Address: 20801 BISCAYNE BLVD. STE. 403
City-St-Zip: AVENTURA, FL 33180

Title: VP (X) Change ( ) Addition
Name: SYMONETTE, ADOLPHUS
Address: 20801 BISCAYNE BLVD. STE. 403
City-St-Zip: AVENTURA, FL 33180

Title: T (X) Change ( ) Addition
Name: BUCKMAN, JAMES
Address: 20801 BISCAYNE BLVD. STE. 403
City-St-Zip: AVENTURA, FL 33180

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL BLAKE P 04/12/2004
Electronic Signature of Signing Officer or Director Date