## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000104535

ALLEN, MATT

MIAMI, FL 33145

315 S. BISCAYNE BLVD, 3RD FLOOR

Name:

Address

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Entity Nan	ne: TRG - /	AVENTURA MARI	NA, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
		P D, 3RD FLOOR					
Current Mailing Address:				New Mailing Address:			
		P D, 3RD FLOOR					
FEI Number:	56-2397360	FEI Number App	olied For()	FEI Number Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:		
11380 PRC	SPERITY F	ONS NETWORK ARMS ROAD #22 NS, FL 33410					
The above in the State		y submits this state	ement for the pur	pose of changing it	s registere	ed office or registered agent, or both,	
SIGNATUR							
Electronic Signature of Registered Agent						Date	
Election Can	npaign Financ	ing Trust Fund Conti	ibution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PEREZ, JOR	AYNE BLVD, 3RD FLC	OOR	Title: Name: Address: City-St-Zip:	PD PEREZ, JO 315 S. BIS MIAMI, FL	CAYNE BLVD, 3RD FLOOR	
Title: Name: Address: City-St-Zip:	HERNANDEZ	YNE BLVD, 3RD FLC	OOR	Title: Name: Address: City-St-Zip:	VS HOYOS, JI 315 S. BIS MIAMI, FL	CAYNE BLVD, 3RD FLOOR	
Title:	V	( ) Delete		Title:	V	(X) Change ( ) Addition	

Title: () Delete Title: (X) Change ( ) Addition THOMPSON, WILLIAM THOMPSON, WILLIAM Name: Name: 315 S. BISCAYNE BLVD, 3RD FLOOR Address: Address: 315 S. BISCAYNE BLVD, 3RD FLOOR City-St-Zip: MIAMI, FL 33145 City-St-Zip: MIAMI, FL 33131 Title: ( ) Delete Title: (X) Change ( ) Addition

FIGUEROA, SONIA FIGUEROA, SONIA Name: Name: Address: 315 S. BISCAYNE BLVD. 3RD FLOOR Address: 315 S. BISCAYNE BLVD. 3RD FLOOR

MIAMI, FL 33145 MIAMI, FL 33131 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

ALLEN, MATT

MIAMI, FL 33131

315 S. BISCAYNE BLVD, 3RD FLOOR

SIGNATURE: JEFFERY HOYOS VS 04/29/2008