2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009249

Address:

City-St-Zip:

8245 SW 152 STREET

PALMETTO BAY, FL 33157

F-4:4 - No---- AVENTUDA LIONATO DEGION

FILED Apr 27, 2006 Secretary of State

Entity Name: AVENTURA HOMES DESIGN CENTER CO. **Current Principal Place of Business: New Principal Place of Business:** 8245 SW 152 STREET PALMETTO BAY, FL 33157 **Current Mailing Address: New Mailing Address:** 8245 SW 152 STREET PALMETTO BAY, FL 33157 FEI Number: 34-2032980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: SPIEGEL & UTRERA, P.A. OCTAVIO JIMENEZ 1840 SW 22ND ST. 8245 SW 152 STREET 4TH FLOOR US PALMETTO BAY, FL 33157 MIAMI, FL 33145 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: OCTAVIO JIMENEZ 04/27/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition JIMENEZ, CECILIA Name: Name: 8245 SW 152 STREET Address: Address: City-St-Zip: PALMETTO BAY, FL 33157 City-St-Zip: Title: VD () Delete Title: () Change () Addition Name: JIMENEZ, OCTAVIO E Name: 8245 SW 152 STREET Address: Address: PALMETTO BAY, FL 33157 City-St-Zip: City-St-Zip: Title: Title: SD () Delete () Change () Addition CRUZ, CARMEN S Name: Name: 8245 SW 152 STREET Address: Address: City-St-Zip: PALMETTO BAY, FL 33157 City-St-Zip: Title: TD () Delete Title: () Change () Addition JIMENEZ, OCTAVIO Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: OCTAVIO JIMENEZ TD 04/27/2006