

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90195 021 ***155.00

DOCUMENT # P05000090441

1. Entity Name
AVENTURA MORTGAGE AND FINANCIAL SERVICES, INC.



Principal Place of Business
**1021 IVES DAIRY ROAD, SUITE 115
NO. MIAMI, FL 33179 US**

Mailing Address
**1021 IVES DAIRY ROAD, SUITE 115
NO. MIAMI, FL 33179 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3033810

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUBENSTEIN, WILLIAM S
2525 N SR7
SUITE 209
HOLLYWOOD, FL 33021**

Name

CYRUS S. WEST

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

1021 IVES DAIRY ROAD

SUITE #115

City

No. miami

FL

Zip Code

33179

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

PRESIDENT

1/5/2006

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☒

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WEST, CYRUS S**
STREET ADDRESS **1021 IVES DAIRY ROAD, #115**
CITY-ST-ZIP **NO. MIAMI, FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **WEST, MARION L**
STREET ADDRESS **45 GREENS ROAD**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 exemptions contained 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 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:

CYRUS S. WEST, PRES. 1/5/2006 305-654-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #