

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000001304

Entity Name: AVIARA PROPERTIES, INC.

FILED  
Feb 15, 2009  
Secretary of State

## Current Principal Place of Business:

234 MERIDIAN AVENUE  
#4  
MIAMI BEACH, FL 33139

## New Principal Place of Business:

628 1/2 6TH STREET  
2ND FLOOR  
MIAMI BEACH, FL 33139

## Current Mailing Address:

C/O KEITH SPACE  
P.O. BOX 402867  
MIAMI BEACH, FL 33140

## New Mailing Address:

FEI Number: 16-1744823      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACQUELINE M MOODY, P.A.  
8429 FOREST HILLS DRIVE  
#304  
CORAL SPRINGS, FL 33065 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SPACE, KEITH  
Address: 234 MERIDIAN AVENUE, #4  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP ( ) Delete  
Name: TODAK, ROBERT  
Address: 710 NE 72 TERRACE  
City-St-Zip: MIAMI, FL 33138

Title: S ( ) Delete  
Name: TODAK, ROBERT  
Address: 710 NE 72 TERRACE  
City-St-Zip: MIAMI, FL 33138

Title: T ( ) Delete  
Name: SPACE, KEITH  
Address: 234 MERIDIAN AVENUE, #4  
City-St-Zip: MIAMI BEACH, FL 33139

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SPACE, KEITH  
Address: 3610 ALHAMBRA COURT  
City-St-Zip: CORAL GABLES, FL 33134

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

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

Title: T (X) Change ( ) Addition  
Name: SPACE, KEITH  
Address: 3610 ALHAMBRA COURT  
City-St-Zip: CORAL GABLES, FL 33134

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.

SIGNATURE: KS

P

02/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date