

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000099783

Entity Name: EQUINOX AVENTURA, INC.

FILED
Apr 24, 2008
Secretary of State

Current Principal Place of Business:

C/O EQUINOX HOLDINGS, INC.
895 BROADWAY, 3RD FL
NEW YORK, NY

New Principal Place of Business:

C/O EQUINOX HOLDINGS, INC.
895 BROADWAY, ACCTING/ S. MADDI
NEW YORK, NY 10003

Current Mailing Address:

C/O EQUINOX HOLDINGS, INC.
895 BROADWAY, 3RD FL
NEW YORK, NY

New Mailing Address:

C/O EQUINOX HOLDINGS, INC.
895 BROADWAY, ACCTING/ S. MADDI
NEW YORK, NY 10003

FEI Number: 26-0859783

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Change (X) Addition
Name: SPEVAK, HARVEY
Address: 895 BROADWAY
City-St-Zip: NEW YORK, NY 10003

Title: CFO () Change (X) Addition
Name: SEGALL, LARRY
Address: 895 BROADWAY
City-St-Zip: NEW YORK, NY 10003

Title: COO () Change (X) Addition
Name: ROSEN, SCOTT
Address: 895 BROADWAY
City-St-Zip: NEW YORK, NY 10003

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: SUSAN MADDI

CPA

04/24/2008

Electronic Signature of Signing Officer or Director

Date