## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000037340

RHAU, ROBERTA

AVENTURA, FL 33160

1000 ISLAND BLVD. APT 706

Name:

Address:

City-St-Zip:

Intity Name: ONE AVENTURA EXECUTIVE CENTER CORP

FILED Mar 24, 2009 Secretary of State

Entity Nar	ne: ONE AVEN	TURA EXECUTIVE CENTE	R CORP.		
Current Principal Place of Business:			New Principal P	New Principal Place of Business:	
20900 NE : SUITE 601 AVENTUR					
Current Mailing Address:			New Mailing Ad	New Mailing Address:	
1466 N.W. 164TH TERR PEMBROKE PINES, FL 33028			601	20900 NE 30TH AVE. 601 AVENTURA, FL 33180	
FEI Number:		FEI Number Applied For()	FEI Number Not Applicable (	X) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Addre	Name and Address of New Registered Agent:	
ALVAREZ, JOSE R 1466 NW 164TH TERR PEMBROKE PINES, FL 33028 US			20900 NE 30TH A 601	RHAU, JM ROBERT, JR. 20900 NE 30TH AVE. 601 AVENTURA, FL 33180 US	
	named entity sub of Florida.	omits this statement for the p	ourpose of changing its regi	stered office or registered agent, or both,	
SIGNATURE: JM ROBERT RHAU, JR.				03/24/2009	
	Electronic	Signature of Registered Age	ent	Date	
Election Can	npaign Financing T	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHA	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PRES () De JM ROBERT RHAU 1000 ISLAND BLV AVENTURA, FL 33	J, D. APT 706	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () De LEVEQUE-RHAU, 1000 ISLAND BLV AVENTURA, FL 33	SARA D. APT 706	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	TREA () De RHAU, BARBARA 1000 ISLAND BLV AVENTURA, FL 33	D. APT 706	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	SEC ()De	elete	Title:	( ) Change ( ) Addition	

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:

SIGNATURE: ROBERTA RHAU SEC. 03/24/2009