

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034650

Entity Name: 3030 AVENTURA 705, CORP.

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2665 S BAYSHORE DR SUITE 906  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2665 S BAYSHORE DR SUITE 906  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 27-2398043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GURIAN, JORGE  
2665 S BAYSHORE DR SUITE 906  
COCONUT GROVE, FL 33133 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

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: VALENCIA, CAMILO  
Address: 2665 S BAYSHORE DR SUITE 906  
City-St-Zip: COCONUT GROVE, FL 33133

Title: DS  
Name: ARIZA, ANGELICA  
Address: 2665 S BAYSHORE DR SUITE 906  
City-St-Zip: COCONUT GROVE, FL 33133

I hereby 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 all other like empowered.

SIGNATURE: CAMILO VALENCIA

DPS

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date