

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90155 001 \*\*\*\*75.00  
 03-01-2007 90155 002 \*\*\*\*75.00

**DOCUMENT # P93000079555**

1. Entity Name  
**AVENTURA PIZZA, INC.**



Principal Place of Business  
 19501 BISCAYNE BLVD  
 STE 400  
 AVENTURA, FL 33180 US

Mailing Address  
 19501 BISCAYNE BLVD  
 STE 400  
 AVENTURA, FL 33180 US

**66003493**



01302007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0451613</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SOFFER, MARSHA S  
 19501 BISCAYNE BLVD  
 STE 400  
 AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PT
NAME	SOFFER, MARSHA S
STREET ADDRESS	19501 BISCAYNE BLVD, STE 400
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	<del>PT</del> D
NAME	SOFFER, JACQUELYN R
STREET ADDRESS	19501 BISCAYNE BLVD STE 400
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	<del>PT</del>
NAME	SOFFER, JEFFREY M
STREET ADDRESS	19501 BISCAYNE BLVD, STE 400
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	<del>PT</del> SEC
NAME	SOFFER, BROOKE L
STREET ADDRESS	19501 BISCAYNE BLVD, STE 400
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*Delete*

**DO NOT WRITE IN THIS SPACE**

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: *Masha Soffer*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-07 305-933-5392  
 Date Daytime Phone #