


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90281 048 \*\*\*150.00

**DOCUMENT # P96000003078**

1. Entity Name  
**AVENTURA INVESTMENT CORPORATION**



Principal Place of Business: **1980 S. OCEAN DRIVE, #20-Q HALLANDALE, FL 33009 US**

Mailing Address: **POST OFFICE BOX 601102 NORTH MIAMI BEACH, FL 33160-1102**

2. Principal Place of Business: **9117 FROUDE AVE**

3. Mailing Address: **SAME AS ABOVE**

Suite, Apt. #, etc.

City & State: **SURFSIDE, FLORIDA**

City & State

Zip: **33154** Country: **MIAMI-DADE**

02232004 Chg-P CR2E034 (10/03)

4. FEI Number: **65-0642054**

Applied For:  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ ANIBAL**  
**505 N.W. 47 STREET MIAMI, FL 33142**

**Luis Felipe Quintero**  
**2821 NE 163 #6-0 N.M.B. FLA. 33160**

7. Name and Address of New Registered Agent

Name: **Luis Felipe Quintero**

Street Address (P.O. Box Number is Not Acceptable): **2821 NE 163 #6-0**

City: **N.M.B.** FL Zip Code: **33160**

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: *Luis F. Quintero* DATE: 04/27/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	<b>TABORDA, ALICIA</b>
STREET ADDRESS	<b>1980 S. OCEAN DRIVE, #20-Q</b>
CITY-ST-ZIP	<b>HALLANDALE, FL 33009</b>
	<b>9117 Froude Ave SURFSIDE, FLA 33154</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Luis F. Quintero* DATE: 04/27/04 (305) 865-2559

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #