2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 08:00 AM
Example Secretary of State

		4L KEFORI		Secretary of State
DOCUMENT # P96000003078				
1. Entity Name AVENTURA INVESTMENT CORPORATION				
}		<u> </u>		**
1 .'	ce of Business	Mailing Address		}
716 SURFSI SURFSIDE, F		- 716 SURFSIDE BLVO SURFSIDE, FL 33154 US		· · ·
¥		<u> </u>)
				04262005 No Chg-P CR2E034 (10/03)
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number Applied For
				65-0642054 Not Applicable S Certificate of Status Desired
	and the second s		- · · , - ·	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent				
ESCOBAR, LUIS 2821 NE 163 ST #6-O				DO NOT WRITE
NORTH MIAMI BEACH, FL 33160				IN THIS SPACE
{		_		
8. The above	e named entity submits this stateme	nt for the purpose of changing its register	red office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
Ine obligations of registered agent.				
SIGNATURE.	Signature, typed of printed name of registered		ed,Agent signature requirer	April - 5 7, 2005 a when remstating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution.				
10.	, OFFICERS	NID DIRECTORS	1	
TITLE NAME	TABORDA, ALICIA			
STREET ADDRESS	716 SURFSĪDE BLVD	-		
GITY-ST-ZIP	SURFSIDE, FL 33154	E	-	
NAME	}			
STREET ADDRESS CITY-ST-ZIP	} 			U00000339651 04/28/05-80083-019 150.00
HILE		<u></u>	7	01/ 20/ 00 00000 010 100,000
NAME STREET ADDRESS	}]	DO NOT WRITE
CITY-ST-ZIP		<u> </u>		
TITLE NAME				IN THIS SPACE
STREET ADDRESS ONLY ST-ZIP	[]	
TITLE			1	1
NAME STREET ADDRESS	}		1	-=
CITY ST-ZIP				
FITLE				
NAME STREET ADDRESS	}		<u></u>	• - (
CITY ST ZIP		What the PPara share and a self-transfer	amortion stated is 0:	option 110 07/0/v) Flored Statuto Liurba modifi that the information
12. I hereby certify that the information supplied with this filling 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.				
ļ		Est an office was disposed.		And 6-20 \$ 2005
SIGNATURE: SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Description of Signing Officer or Director Description of Signi				
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