


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000057035

1. Entity Name
 AVENTURA INSURANCE GROUP, INC.



Principal Place of Business
 3605 NE 207TH ST.
 #4110
 AVENTURA, FL 33180

Mailing Address
 PO BOX 80-0347
 AVENTURA, FL 33280



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-0780111

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WEINSTEIN, JAMES M
 3605 NE 207TH ST.
 #4110
 AVENTURA, FL 33180

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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 _____
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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

DATE: 04/30/04-80075-009 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WEINSTEIN, JAMES MICHAEL
STREET ADDRESS	3605 NE 207TH ST., #4110
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	VP
NAME	WEINSTEIN, SANFORD
STREET ADDRESS	3605 NE 207TH STREET #4110
CITY-ST-ZIP	AVENTURA, FL 33280
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 

4/26/04 (30) 933-2282

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