

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057035

FILED
Apr 11, 2005
Secretary of State

Entity Name: AVENTURA INSURANCE GROUP, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

2999 NE 191ST STREET
403
AVENTURA, FL 33180

Current Mailing Address:

PO BOX 80-0347
AVENTURA, FL 33280

New Mailing Address:

FEI Number: 65-0780111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEINSTEIN, JAMES MICHAEL
Address: 3605 NE 207TH ST., #4110
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: WEINSTEIN, SANFORD
Address: 3605 NE 207TH STREET #4110
City-St-Zip: AVENTURA, FL 33280

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES MICHAEL WEINSTEIN

P

04/11/2005

Electronic Signature of Signing Officer or Director

_____ Date