

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057035

FILED  
Aug 06, 2010  
Secretary of State

Entity Name: AVENTURA INSURANCE GROUP, INC.

**Current Principal Place of Business:**

2999 NE 191ST STREET  
#403  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2999 NE 191ST STREET  
#403  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 65-0780111      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WEINSTEIN, JAMES M  
2999 NE 191ST ST.  
#403  
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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WEINSTEIN, JAMES MICHAEL  
Address: 2999 NE 191ST ST. #403  
City-St-Zip: AVENTURA, FL 33180

Title: VP  
Name: WEINSTEIN, SANFORD  
Address: 2999 NE 191ST ST. #403  
City-St-Zip: AVENTURA, FL 33180

I hereby 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 all other like empowered.

SIGNATURE: JAMES MICHAEL WEINSTEIN

PRES

08/06/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date