2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

AVENTURA FINANCIAL CORP.

DOCUMENT # P97000025730

Principal Place of Business

20900 W. DIXIE HIGHWAY N MIAMI BEACH, FL 33180 Mailing Address

20900 W. DIXIE HIGHWAY N MIAMI BEACH, FL 33180

FILED May 04, 2007 08:00 A Secretary of State



do not writi	E IN TI	HIS S	PACE
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01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0741016

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name an	d Address of Current	Registered Agent

FRYE, AUSTIN A 20900 W-DIXIE-HWY ----N MIAMI BEACH, FL 33180

10.

DO_NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ...

\$5.00 May Be Added to Fees

TITLE FRYE, AUSTIN A NAME STREET ADDRESS 20900 W. DIXIE HWY CITY-ST-ZIP N MIAMI BEACH, FL 33180 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

OFFICERS AND DIRECTORS

U00000760550 05/25/07-80015-821 150.00

DO NOT WRITE IN THIS SPACE

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 truttee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information indicated on this report or supplementary of the control of the contro

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #