


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**


**DOCUMENT # P97000048724**  
 1. Entity Name  
**AVENTURA REAL ESTATE HOLDING, INC.**



Principal Place of Business 13499 BISCAYNE BLVD. SUITE 102 MIAMI, FL 33181 US	Mailing Address 13499 BISCAYNE BLVD. SUITE 102 MIAMI, FL 33181 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 MACLI, ANTONIO  
 13499 BISCAYNE BLVD.  
 SUITE 102  
 MIAMI, FL 33181



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0802506	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACLI, ANTONIO 13499 BISCAYNE BLVD., STE 102 MIAMI, FL 33181
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 04/04/05-80001-014 150.00

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:** \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_