


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P9800009</b> 1. Entity Name <b>AVENTURA INTERNATIONAL BUSINESS CENTER, INC.</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**04 NOV 12 PM 4:32**

Principal Place of Business <b>1986 NE 149 ST</b> <b>MIAMI, FL 33181 US</b>	Mailing Address <b>1986 NE 149 ST</b> <b>MIAMI, FL 33181 US</b>
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2. Principal Place of Business <b>1986 NE 149 ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>1986 149 ST</b> Suite, Apt. #, etc.
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11052004 REIN-P CR2E098 (6/04)

City & State <b>Miami FL</b>	City & State <b>MIAMI FL</b>		
Zip <b>33181</b>	Country <b>US</b>	Zip <b>33181</b>	Country <b>US</b>

4. FEI Number <b>65-0850929</b>	Applied For <input type="checkbox"/> Not Applicable
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<b>6. Name and Address of Current Registered Agent</b>  ROUSSO, MARK E ESQ 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	<b>7. Name and Address of New Registered Agent</b> Name <b>ROUSSO MARK E ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>18851 NE 29th AVE SUITE 900</b> City <b>AVENTURA</b> FL Zip Code <b>33180</b>
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOULANGER, LAURIS 1986 NE 149TH ST. N MIAMI, FL 33181	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600042698866</b> <b>11/12/04--01066--001 **750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROUSSO, MARK 3440 HOLLYWOOD BLVD., STE. 360 HOLLYWOOD, FL 33021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** \_\_\_\_\_ **VP** **11/5/04** **786-279-0000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*11/7/04*