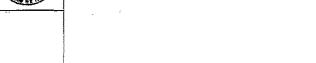
-2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000107426 1. Entity Name AVENTURA CONSULTING, INC. Principal Place of Business Mailing Address 3640 YACHT CLUB DR.

FILED Feb 27, 2006 08:00 AN Secretary of State

Daytime Phone #



DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6. Name and Address of Current Registered Agent

SUITE 2005

AVENTURA, FL 33180

02152006	No Chg-P	CR2E034 (11/05)
4. FEI Number		Applied For

65-0969891	Not Applicat	
5. Certificate of Status Desired		\$8.75 Additional

SHEMTOV, SAMI 3640 YACHT CLUB DR. **SUITE 2005** AVENTURA, FL 33180

SIGNATURE:

3640 YACHT CLUB DR. **SUITE 2005**

AVENTURA, FL 33180

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.	Signature, typed or printed name of registered agent and title to	applicable (NOTE Registered A	gent signature	required when reinstaling)	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	 Election Campalgn Financia Trust Fund Contribution. 		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHEMTOV, SAMI 3640 YACHT CLUB DR, STE. 2005 AVENTURA, FL 33180	-					
TITLE NAME STREET ADORESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
NTLE NAME STREET ADDRESS CITY-ST-ZIP		•		IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,,	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
12. 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 it 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 507, 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.							