## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S84391

Name:

Address:

City-St-Zip:

FILED Jan 12, 2004 Secretary of State

DOGGINENT'' CO-1001					Occircially of Glate				
Entity Nam	ie: AVENTUR	A SHOPS, INC.							
Current Principal Place of Business:				New Principal Place of Business:					
7400 NORTH KENDALL DRIVE SUITE 410 MIAMI, FL 33156									
Current Mailing Address:				New Mailing Address:					
7400 NORT SUITE 410 MIAMI, FL	TH KENDALL D 33156	PRIVE							
FEI Number:	65-0288754	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certifica	te of Status De	sired ( )	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
SEGAL, IRA 7400 NORT SUITE 410 MIAMI, FL	H KENDALL D	PRIVE							
The above in the State		ubmits this statement for the po	urpose o	f changing it	s registered	d office or re	egistered age	nt, or both,	
SIGNATUR	E:								
	Electronic	Signature of Registered Age	nt				Date		
Election Cam	paign Financing	Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	SEGAL, IRA,	Delete NDALL DRIVE, STE. 410		Title: Name: Address: City-St-Zip:	SEGAL, IRA,	H KENDALL D	( ) Addition DRIVE, STE. 410	ı	

Title: () Delete Title: PD (X) Change ( ) Addition PUCKETT, LAWRENCE P., PUCKETT, LAWRENCE P., Name: Name:

Address: 20201 N.E. 25TH AVENUE Address: 19955 NE 38TH CT NORTH MIAMI BEACH, FL AVENTURA, FL 33180 City-St-Zip: City-St-Zip:

Title: Title: ( ) Delete () Change () Addition

SCHILLINGER, JACK, Name: 1225 N.E. 93RD STREET Address: MIAMI SHORES, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: IRA SEGAL D 01/12/2004