

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000034650

**Entity Name:** 3030 AVENTURA 705, CORP.

**Current Principal Place of Business:**

2665 S BAYSHORE DR SUITE 800  
COCONUT GROVE, FL 33133

**Current Mailing Address:**

2665 S BAYSHORE DR SUITE 800  
COCONUT GROVE, FL 33133

**FEI Number:** 27-2398043

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GURIAN, JORGE  
2665 S BAYSHORE DR SUITE 800  
COCONUT GROVE, FL 33133 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                              |                 |                              |
|-----------------|------------------------------|-----------------|------------------------------|
| Title           | DPS                          | Title           | DS                           |
| Name            | VALENCIA, CAMILO             | Name            | ARIZA, ANGELICA              |
| Address         | 2665 S BAYSHORE DR SUITE 800 | Address         | 2665 S BAYSHORE DR SUITE 800 |
| City-State-Zip: | COCONUT GROVE FL 33133       | City-State-Zip: | COCONUT GROVE FL 33133       |

*I hereby 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 all other like empowered.*

**SIGNATURE:** CAMILO VALENCIA

DPS

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date