

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000090800

**Entity Name:** AVENTURA INSURANCE & FINANCIAL, INC.

**Current Principal Place of Business:**

20475 BISCAYNE BOULEVARD, G-4  
AVENTURA, FL 33180

**Current Mailing Address:**

20475 BISCAYNE BOULEVARD, G-4  
AVENTURA, FL 33180

**FEI Number:** 65-0876319

**Certificate of Status Desired:** No

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

WILDER, JERRY  
20474 BISCAYNE BOULEVARD, G-4  
AVENTURA, FL 33180 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 P  
Name WILDER, JERRY  
Address 20475 BISCAYNE BLVD G-4  
City-State-Zip: AVENTURA FL 33180

*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:** JERRY WILDER

**PRESIDENT**

**02/09/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date