

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 10100037537

1. Entity Name
IOAN Aurelia CORPORATION, INC



FILED
05 AUG 11 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
FLORIDA

3. Mailing Address
253-C COMERCIAL BLV

Suite, Apt. #, etc.
253-C COMERCIAL BLV.

Suite, Apt. #, etc.

City & State
LAUDERDALE BY THE SEA FLORIDA

City & State
FLORIDA

4. FEI Number
65-1102454

Applied For
 No; Applicable

Zip
33308

County

Zip

County

5. Certificate of Status Desired \$8.75 Additional Fee Required

Applied For
 No; Applicable

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name: Auram, Aurelia
Street Address (P.O. Box Number is Not Acceptable):
954 NE 34 CT Oakland Park
FL Lauderdale FL 33334

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]

DATE: _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
700058696347
08/17/05--01043--008 **400.00

TITLE
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CITY-STATE-ZIP
700058696347
08/17/05--01043--009 **150.00

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
AURELIA AURAM
DIRECTOR - PRESIDENTE
954 NE 34 CT OAKLAND PARK

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
Lauderdale FL 33334
DO NOT WRITE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
IOAN AURAM
VICE PRESIDENTE
#2 33334

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
DO NOT WRITE
700058696347
08/17/05--01043--010 **5.00

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954 NE 34 CT OAKLAND PARK
#2 33334
FL Lauderdale FL 33334

TITLE
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CITY-STATE-ZIP
700058696347
08/17/05--01043--011 **8.75

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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 on an attachment with an address, with all other like information.

SIGNATURE: [Signature]

DATE: _____
Name: AURELIA AURAM DIRECTOR - PRESIDENTE
Title: IOAN AURAM VICE PRESIDENTE

CR2E034B (12/02)