2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000025658 1. Entity Name
AUPHEN CORPORATION



FILED May 03, 2006 8:00 am Secretary of State 05-03-2006 90217 005 ***150.00

									_		
Principal Place of Business				Mailing Address			,	100010~~	•		
19380 COLLINS AVE.				380 COLLINS AVE.							
SUITE 307			SUITE 307								
SUNNY ISLES BEACH, FL 33160				SUNNY ISLES BEACH, FL 33160							E11881 1888
2. Principal Place of Business			3. Mailing Address								
Z. Finicipal Frace of Business			5. Mailing Address								MINET II IADI
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Char D	CDOEO	04 /44/0E\		
						03162006	Chg-P	CRZEU	34 (11/05)		
City & State			Cit	City & State			4. FEI Numbe			——	pplied For
			 		_		56-232	5614		. 	ot Applicable
Zip	Country)	Coun	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current R				egistered Agent			7. Name and Address of New Registered Agent				
t. Name and Address of Current Registered Agent						Name	11 144110 4110	71001000	9.0.0.0	9	
SPIEGEL & UTRERA, P.A.											
1840 SW 22ND STREET					Street Address (P.O. Box Number is Not Acceptable)						
4TH FLOOR MIAMI, FL 33145							•				
IVIIAIVII, FL	33 1 4 3									T =: -	
						City			FL	Zip Coo	16
8. The above named entity sobmits 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 obligat	iona of regist	ered agent.							1 . 1		
SIGNATURE Single to the project pame of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) PATE OPTICAL PROJECT PR											
SIGNATURE // Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.											
Atterm	ay 1, 2000	o ree will be \$550.	00								
10.		OFFICERS AND	DIRECT	ORS	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND		
TITLE	PD Delete TIT									☐ Change	☐ Addition
NAME	ORTEGON, MARIO										1
STREET ADORESS CITY-ST-ZIP						ET ADDRESS .					
	110111111111111111111111111111111111111									Change	☐ Addition
TITLE NAME	VD Delete III FEY, BARRY NA									[_] Change	L Accition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					:
TITLE	SD Delete TITL									Change	☐ Addition
NAME	SATTER, BRUCE NAM					E					
STREET ADDRESS						EET ADDRESS					
CITY-ST-ZIP	NORTH M	MAMI BEACH, FL 3310	62	W 118 W 17	CITY	-ST-ZIP					
TITLE	TD			Delete	TITL					☐ Change	☐ Addition
NAME	MOLINA, GUSTAVO D					IE					
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP					
										Change	Addition
TITLE NAME				☐ Delete	TITL					C Change	L Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP						-ST-ZIP					
TITLE				☐ Delete	TITL	E				Change	Addition
NAME					NAM	iE					
STREET ADDRESS						EET ADDRESS					
						'-ST-ZIP					
12 Lharahur	cortify that th	e information supplied with	a thi a fi lir	a does not qualify fo	or the ev	emptions contain	ned in Chapter 119	Florida Statutes L	further certi	fy that the i	information

Interest certify may the information supplied with ruse-rung does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is frue 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an aedicas, with all other like empowered.

SIGNATURE: Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #