

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000098420

1. Entity Name
THE AURORA MAIN STORE, INC

Principal Place of Business: **7765 YARDLEY DR 213E TAMARAC FL 33321**
 Mailing Address: **7765 YARDLEY DR 213E TAMARAC FL 33321**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____



1st MOORE CR2E034 (10/04)

4. FEI Number **32-2429468** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ZABELIN, LAWRENCE
7765 YARDLEY DR 213E
TAMARAC FL 33321

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|--|---------------------------|
| TITLE: PD <input type="checkbox"/> Delete | NAME: ZABELIN, LAWRENCE | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: 7765 YARDLEY DR 213E | CITY- ST- ZIP: TAMARAC FL 33321 | NAME: _____ | 02/28/05-80016-018 150.00 |
| STREET ADDRESS: _____ | CITY- ST- ZIP: _____ | STREET ADDRESS: _____ | |
| CITY- ST- ZIP: _____ | | CITY- ST- ZIP: _____ | |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ | TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: _____ | CITY- ST- ZIP: _____ | NAME: _____ | |
| CITY- ST- ZIP: _____ | | STREET ADDRESS: _____ | |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ | TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: _____ | CITY- ST- ZIP: _____ | NAME: _____ | |
| CITY- ST- ZIP: _____ | | STREET ADDRESS: _____ | |
| TITLE: _____ <input type="checkbox"/> Delete | NAME: _____ | TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| STREET ADDRESS: _____ | CITY- ST- ZIP: _____ | NAME: _____ | |
| CITY- ST- ZIP: _____ | | STREET ADDRESS: _____ | |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence Zabelin* **FEB. 25, 2005 - 954-721-0321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #