# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2011**
**Secretary of State**

DOCUMENT# P05000040553

**Entity Name:** AURA OLIVAS, P.A.

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD STE 470
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

4000 PONCE DE LEON BLVD STE 470
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number: 20-2524970** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

OLIVAS, AURA
4000 PONCE DE LEON BLVD
SUITE 470
CORAL GABLES, FL 33146 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P
Name: OLIVAS, AURA
Address: 4000 PONCE DE LEON BLVD #470
City-St-Zip: CORAL GABLES, FL 33146

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: AURA OLIVAS P 04/13/2011

Electronic Signature of Signing Officer or Director — Date