


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000066556

1. Entity Name
AURUM CHEMICALS CORP.



Principal Place of Business 9260 SW 72 ST #206 MIAMI, FL 33173 US	Mailing Address 9260 SW 72 ST #206 MIAMI, FL 33173 US
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U00000132096
 04/27/04-80030-017 150.00



DO NOT WRITE IN THIS SPACE

03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0784032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAROUH, ALBERTO
 9260 SW 72ND STREET STE 206
 MIAMI, FL 33173

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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)

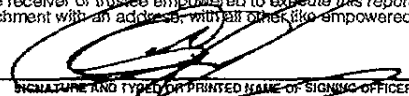
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D AVILA-CASTELLANOS, RODRIGO 9260 SW 72ND ST., STE 206 MIAMI, FL 33173
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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **RODRIGO AVILA** **4/26/04**
Date Daytime Phone #