

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P02000134587

1. Entity Name

ARORA AUTOMOTIVE TECHNOLOGIES CORPORATION



Principal Place of Business

5277 NW 116TH AVE  
CORAL SPRINGS FL 33076

Mailing Address

PO BOX 9855  
CORAL SPRINGS FL 33075

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**



1st MOORE

CR2E034 (10/06)

|  |         |                     |         |   |  |                |
|--|---------|---------------------|---------|---|--|----------------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         | 4. FEI Number 27-0039943  |  | Applied For    |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |   |  | Not Applicable |
| City & State                                   |         | City & State        |         | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |                |
| Zip  | Country | Zip                 | Country |   |  |                |

|   |  |  |  |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent                           |  | 7. Name and Address of New Registered Agent        |  |
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI FL 33145 |  | 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSTD<br>LENKOFFSKY, NEIL F<br>5277 NW 116TH AVE<br>CORAL SPRINGS FL 33076 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

000000709674  
04/25/07-80011-029 158.75 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.