## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR) DOCUMENT # 694907**



## **FILED** Mar 15, 2004 8:00 am Secretary of State

1. Entity Name					03-15-2004 90011 004 ***150.00			
AURIGA BUILDING CORP.								
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Principal Place	e of Business	Mailing Address			<b>-</b>			
62 COLONY DRIVE 62 COLONY DRIVE						- 540183	47	
HOLBROOK NY 11741 HOLBROOK NY 11741-2881 US US						020200		
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Principal Place of Business     3. Mailing Address								
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		MOORE CR	R2E034 (11/03)		
City & State	. <u></u> 9	City & State	City & State		4. FEI Number	TA	pplied For	
·					11-2574701	N	ot Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired	□ \$8.75 Ad	lditional	
	6. Name and Address of Curr	ent Registered Agent		<del></del>	7. Name and Address of New Regi	Fee Require	3G	
V. Name and Address of Current registered Agent					7. Haire and Address of New Negr	atered Agent		
ALBANO, CARMINE C 7332 ESTRELLA CT. BOCA RATON FL 33433				Ct 0 dd	Street Address (P.O. Box Number is Not Acceptable)			
				Street Address (	(P.O. Box Number is Not Acceptable)			
ВОС	A RATON FL 33433							
				City	· <del></del>	FL Zip Coo	de	
8 The above	named entity submits this stateme	nt for the ourcose of changing its	register	ad office or registe	red agent, or both, in the State of Florid		and accept	
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.								
CIONATION								
SIGNATURE								
/	ILE NOW!!! FEE IS \$150.00				0.50			
After May 1, 2004 Fee will be \$550.00					<ol> <li>9. Election Campaign Finance</li> <li>Trust Fund Contribution.</li> </ol>	· · · · · · · · · · · · · · · · · · ·	CO May Be ed to Fees	
Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11.								
10.	OFFICERS A	<del></del>	11.		ADDITIONS/CHANGES TO OFFICE			
TITLE NAME	ALBANO, CARMINE C.	☐ Delete	NAM	- 1		☐ Change	☐ Addition	
STREET ADDRESS	31 CELANO LANE		STRE	EET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE	D CARLEINE C	☐ Delete	TITLE	J		☐ Change	☐ Addition	
NAME STREET ADDRESS	ALBANO, CARMINE C. 31 CELANO LANE		NAM STRE	ET ADDRESS	•			
CITY-ST-ZIP	WEST ISLIP NY			-ST-ZIP				
TITLE	<del></del>	☐ Delete	TITLE	E		Change	Addition	
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STREET ADDRESS CITY-ST-ZIP				EET ADDRESS ST-ZIP				
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TITLE NAME		Delete	TITL	í		∟_ change	Maniton	
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CITY - \$T - ZIP			CITY	-ST-ZIP	<del> </del>			
TITLE		☐ Delete	TITL	j		☐ Change	☐ Addition	
NAME STREET ADDRESS			NAM STRE	eet address				
CITY-ST-ZIP				-ST-ZIP			_	
TITLE		☐ Delete	TITL	E		Change	Addition	
NAME			NAM	1				
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS (-ST-ZIP			<u>.</u> .	
	Cartifu that the information condicate	with this filing dose not qualify for			ection 119 07(3Vi) Florida Statuton 15:	other certify that the	information	
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 required by Chapter 67. Florida Statutes, and that my amp apprais in Block 10 or Block 11 if								
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 tipe empowered.								