




**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**1. Feb 22, 2007 8:00 am  
Secretary of State**

01-25-2007 90049 012 \*\*\*\*61.25

<b>DOCUMENT # 729436</b> 1. Entity Name <b>AURA APARTMENTS, INC.</b>		
<b>Principal Place of Business</b> 901 SOUTH B STREET 201 LAKE WORTH, FL 33460-4786		<b>Mailing Address</b> 901 SOUTH B STREET 201 LAKE WORTH, FL 33460-4786
<b>DO NOT WRITE IN THIS SPACE</b>		
<b>8. Name and Address of Current Registered Agent</b>  TETTEH-HAGO, BERNICE 901 S. B STREET #201 LAKE WORTH, FL 33460		<b>DO NOT WRITE IN THIS SPACE</b>
<b>9. 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.</b>  SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P.</b> KORAPATI, KRISTINA 832-HIBISCUS STREET, STE 116 WEST PALM BEACH, FL 33401	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> TETTEH-HAGO, BERNICE 901 S. B STREET, #201 LAKE WORTH, FL 33460	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> SUNK, PAUL 673 BLUEBERRY DR WELLINGTON, FL 33414	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 617, 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.</b>		
<b>SIGNATURE:</b>  <b>Bernice Tetteh-Hago</b> <b>2/16/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>		



01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0046663</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

561-547-0301