


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K13893</b> 1. Entity Name AURAVEST HOLDINGS, INC.	
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Principal Place of Business 6701 NOB HILL ROAD TAMARAC, FL 33321	Mailing Address 6701 NOB HILL ROAD TAMARAC, FL 33321
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**DO NOT WRITE IN THIS SPACE**



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-1333880	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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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**

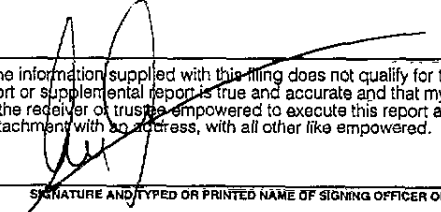
9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUSKY, MICHAEL H. 6701 NOB HILL ROAD TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST HANSEN, STEVEN L 6701 NOB HILL ROAD TAMARAC, FL 33321
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02/03/04-80051-015 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **Michael H. Gusky** (954)  
DP 1/28/04 718-3200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #