2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 05, 2004 8:00 am Secretary of State

03-05-2004 90024 037 ***150.00

DOCUMENT # K86957

1. Entity Name

AURORA CONSTRUCTION OF SOUTHWEST FLORIDA, INC.



Principal Place	of Busines	de la distribuir de la	Mailing Addre	ss*, V	. (Jrd.)			Throng.	LOPALITY I	J 4	UMU	M.AVO47007989	PARATIC PERSONS AS A S
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Suite, Apt. #, etc.			Suite, Apt. #	Suite, Apt. #, etc.				01132004	Chg-P		CR2E03	34 (10/03)	
City & State			City & State	City & State				4. FEI Number 65-0141046			. Applied For Not Applicable		
Zip		Country	Zip	Zip ' Count			5. Certificate of Stat			sired	\$8.75 Additional Fee Required		
6. Name and Address of Current Regis			Registered Agent	itered Agent			-7. Name and Address of New Reg				gistered Agent <-		
GRAZIANO 2834 SW 5 CAPE COF	OTH TER	R				Street Add	dress (P		per is Not Acc	eptable)	BLV	P N	5
						City (1 -	N V	_ 0	600 N I		FL	Zip Cod	
		y submits this statement fo	r the purpose of c	hanging its	registere	d office or re	egistere	ed agent, or b	oth, in the Stat	e of Florio			and accept
the obligati	ions of regist	tered agent.											
SIGNATURE_	Signature, typed	or printed name of registered agent a	and title if applicable.	(NOTE	Registered	Agent signature	required v	when reinstating)			DATE		
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.							00 May Be				_		
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12. I hereby certify that the information sypplied 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 of sypplemental 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 reviewer or furtisted 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 appears, with all other like empowered.

SIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2 2 4 0 4 Deptine Prone #