


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 8:00 am
Secretary of State

03-16-2004 90016 017 ***150.00

DOCUMENT # L92672 1. Entity Name AURORA ONE CORP.																			
Principal Place of Business 2 S BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131		Mailing Address 2 S BISCAYNE BLVD. SUITE 3400 MIAMI, FL 33131																	
2. Principal Place of Business 9900 Stirling Road Suite, Apt. #, etc. Suite 407		3. Mailing Address P.O. Box 140190 Suite, Apt. #, etc.																	
City & State Cooper City, FL Zip 33024 Country USA		City & State Coral Gables, FL Zip 33114-0190 Country																	
4. FEI Number 65-0212751		Applied For <input type="checkbox"/> Not Applicable																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																	
6. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 S. BISCAYNE BLVD SUITE-3400 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Shirley P. Stirling Street Address (P.O. Box Number is Not Acceptable) 9900 Stirling Road Suite 407 City Cooper City FL Zip Code 33024																	
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 <u><i>Shirley Stirling</i></u> DATE <u>03.09.04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>STARLING, DAWN</td> </tr> <tr> <td>STREET ADDRESS</td> <td>S BISCAYNE BLVD STE 3400</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> </tr> </table>		TITLE	PSTD <input type="checkbox"/> Delete	NAME	STARLING, DAWN	STREET ADDRESS	S BISCAYNE BLVD STE 3400	CITY-ST-ZIP	MIAMI, FL 33131	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Starling, Dawn</td> </tr> <tr> <td>STREET ADDRESS</td> <td>9900 Stirling Road, Suite 407</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Cooper City, FL 33024</td> </tr> </table>		TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Starling, Dawn	STREET ADDRESS	9900 Stirling Road, Suite 407	CITY-ST-ZIP	Cooper City, FL 33024
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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)(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 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: <u><i>Dawn Starling</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>3/9/04</u> Daytime Phone # <u>305 238-2153</u>																	