2005 FOR PROFIT CORPORATION

May 03, 2005 8:00 am Secretary of State **ANNUAL REPORT** 05-03-2005 90154 032 ***150.00 DOCUMENT # P00000040295 AURORA INVESTMENTS IV, INC. PUNDANTA Principal Place of Business Mailing Address 1818 S. AUSTRALIAN AUG #410 1818 SHUSTRHEAD AND #410 WEST PALIN BURCH, FL 33409 WEST PREM BEACH, FL 32409 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1141317 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEROLA, JAMES R DO NOT WRITE 11380 PROEPERITY FARMS RD SUITE 204 IN THIS SPACE PALM BEACH GARDENS, FL 33410 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE PΩ NAME GINSBERG, VICTOR STREET ADDRESS 3500 GALT OCEAN DR, APT #1517 CITY-ST-ZIP FT LAUDERDALE, FL 33308 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 the empowered.

DRES

SIGNATURE: _

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Daytime Phone #

FILED