
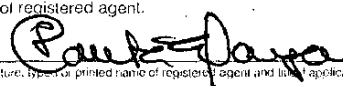
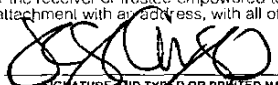


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-16-2004 90080 019 ***158.75

DOCUMENT # P00000057927 1. Entity Name NAURO INC.					
Principal Place of Business 312 MINORCA AVENUE STE 103 MIAMI, FL 33134			Mailing Address P.O. BOX 558676 MIAMI, FL 33255		
2. Principal Place of Business 2332 GALIANO ST.		3. Mailing Address 2332 GALIANO ST.			
Suite, Apt. #, etc. SUITE 122		Suite, Apt. #, etc. SUITE 122			
City & State CORAL GABLES		City & State CORAL GABLES		4. FEI Number 59-3652913	
Zip 33134		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORDI, JORGE E 312 MINORCA AVENUE STE 103 MIAMI, FL 33134			7. Name and Address of New Registered Agent Name CAMILA NARANJO Street Address (P.O. Box Number is Not Acceptable) 2332 GALIANO ST. SUITE 122 City CORAL GABLES FL Zip Code 33134		
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:  Camila Naranjo 04/12/04 <small>Signature, typed or printed name of registered agent and line 1 applicable (NOTE: Registered Agent signature required when relistening) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAMARGO, JORGE E 312 MINORCA AVENUE STE 103 MIAMI, FL 33134 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  JORGE CAMARGO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/12/04 <small>Date</small>		(305) 728 7035 <small>Ex. Office Phone #</small>	