

**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90011 043 ***158.75

DOCUMENT # *P01000016844*

1. Entity Name

AUGA INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1460 NW 107 Avenue

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

"A"

City & State

MIAMI FL 33172

City & State

4. FEI Number

04-3601573

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E034B (8/05)

40094092

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Street Address (P.O.-Box Number is Not Acceptable)

City

FL

Zip Code

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

Joseph P. Isern

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

*PST. NAVARRO, MARIO JORGE
6361 Presidential Court suite
FL. MYERS, FL. 33919 B*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*V.D.P. NAVARRO, DANIELA VANESA
6361 Presidential Court suite B
FL. MYERS, FL. 33919*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered

SIGNATURE:

Joseph P. Isern *1460 A NW 107 Ave.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIAMI FL 33172 Date Daytime Phone #