## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000020540 1. Entity Name AURÁ SPORTSWEAR S.A., CORP.



**FILED** Apr 18,-2005 08:00 AM-Secretary of State

Principal Place of Business 4338 S.W. 8TH STREET MIAMI, FL 33134

Mailing Address 4338 S.W. 8TH STREET MIAMI, FL 33134



Applied For

	DO	NOT	<b>WRITE</b>	IN THIS	S SPACE
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6. Name and Address of Current Registered Agent

No Chg-P CR2E034 (10/03) 02232005

4. FEI Number

	65-1077937		Not Applicable
5.	Certificate of Status Desired		5 Additional equired

LOPEZ, AURA A DO NOT WRITE 4338 S.W. 8TH STREET MIAMI, FL 33134 IN THIS SPACE

<ol> <li>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.</li> </ol>									
SIGNATURE.	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling)  DATE								
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.	ncing \$5.00 May Be						
10.	OFFICERS AND DIREC	TORS		Water 1997					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, AURA A 4338 S.W. 8TH STREET MIAMI, FL 33134			0000214282 705-80159-012 150.00					
TITLE NAME STREET ADDRESS CITY-ST-ZIP									
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· · · · · ·	DO NOT	WRITE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE					
TITLE 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayline Phone #