2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-01-2004 90031 006 ***158.75
04-13-2004 90038 046 ***150.00
P01000055108

04 APR 21 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24040705

REINSTATEMENT 03-04
022420049 CR2E034 (10/03)

DOCUMENT # P01000055108

1. Entity Name
AURIGA INVESTMENTS, CORP.

Principal Place of Business	Mailing Address
2080 S OCEAN DR 1904 HALLANDALE, FL 33009	2080 S OCEAN DR 1904 HALLANDALE, FL 33009

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1112130 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RABINOVICH, HECTOR
2080 S OCEAN DR #1904
HALLANDALE, FL 33009

7. Name and Address of New Registered Agent

Name RABINOVICH, HECTOR
Street Address (P.O. Box Number is Not Acceptable)
2080 S OCEAN DR #1904
City HALLANDALE FL Zip Code 33009

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 ________ 02/27/04
Signature, typed or printed name of registered agent and title if applicable. (REQUIRED when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 RABINOVICH, HECTOR 200 LESLIE DRIVE, #708 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABINOVICH HECTOR 2080 S OCEAN DR #1904 HALLANDALE, FL 33009	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABINOVICH, ESTRELLA 200 LESLIE DRIVE, #708 HALLANDALE, FL 33009	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUNEZ ESTRELLA 2080 S OCEAN DR #1904 HALLANDALE, FL 33009	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4/21	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ________ 02/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #