

2004 FOR PROFIT CORPORATION ANNUAL REPORT

03-01-2004 90031.006 ***158.75
04-13-2004 90038.046 ***150.00
P01000055108

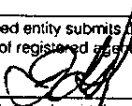
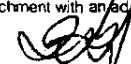
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24040705

RENEWAL STATEMENT
02242004 Chg-P-1 CR2E034 (10/03)

03-04

DOCUMENT # P01000055108					
1. Entity Name AURIGA INVESTMENTS, CORP.					
Principal Place of Business 2080 S OCEAN DR 1904 HALLANDALE, FL 33009			Mailing Address 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  DATE 02/27/04					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election to Waive Financial Reporting Requirements ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	RABINOVICH, HECTOR		NAME	RABINOVICH, HECTOR	
STREET ADDRESS	200 LESLIE DRIVE, #708		STREET ADDRESS	2080 S OCEAN DR # 1904	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE	D	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	RABINOVICH, ESTRELLA		NAME	ESTRELLA	
STREET ADDRESS	200 LESLIE DRIVE, #708		STREET ADDRESS	2080 S OCEAN DR # 1904	
CITY-ST-ZIP	HALLANDALE, FL 33009		CITY-ST-ZIP	HALLANDALE, FL 33009	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			DATE: 02/27/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		