FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91885 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000023599

1. Entity Name
AUREX, INC.

90129223

Principal Place of Business	Mailing Address
7760 W. 20TH AVENUE #21 HIALEAH, FL 33016	7760 W. 20TH AVENUE #21 HIALEAH, FL 33016

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8000 GOVERNOR SQUARE BLVD	SAME
Suite, Apt. #, etc.: SUITE 105	Suite, Apt. #, etc.:
City & State: MIAMI LAKES - FL	City & State:
Zip: 33016 Country: USA	Zip: Country:

4. FEI Number 02-0598186 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
TRESPALACIOS, FRANCISCO
7760 W. 20TH AVENUE BAY 21
HIALEAH, FL 33016

7. Name and Address of New Registered Agent
Name:
Street Address (P.O. Box Number Is Not Acceptable): 8000 GOVERNORS SQUARE BLVD SUITE 105
City: MIAMI LAKES FL Zip Code: 33016

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: F Trespalacios [signature] 4/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TRESPALACIOS, FRANCISCO 7760 W. 20TH AVENUE #21 HIALEAH, FL 33016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 8000 GOVERNORS SQUARE BLVD. MIAMI LAKES - FL. 33016
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRESPALACIOS, LARRY 14176 SW 97TH STREET C-104 MIAMI, FL 33183	☐ 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
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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: F Trespalacios [signature] 4/30/03 305 362-2362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #