2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000027128

Entity Name: AUREOS CORP.

FILED Apr 12, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2588 S.W. 27TH AVE 2121 PONCE DE LEON BLVD MIAMI, FL 33133 US

1050

CORAL GABLES, FL 33134 US

Current Mailing Address: New Mailing Address:

2588 S.W. 27TH AVE 2121 PONCE DE LEON BLVD MIAMI, FL 33133 1050

CORAL GABLES, FL 33134 US

FEI Number: 01-0637809 FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC. CONSULTING SERVICES OF SOUTH FLORIDA, INC. 2588 S.W. 27TH AVE 2121 PONCE DE LEON BLVD

MIAMI, FL 33133 1050

CORAL GABLES, FL 33134 US

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.

SIGNATURE: ANTONIO GARCIA 04/12/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD () Delete Title: (X) Change () Addition GARCIA, ANTONIO Name: Name: GARCIA, ANTONIO

2588 S.W. 27TH AVE 2121 PONCE DE LEON BLVD. #1050 Address: Address: City-St-Zip: MIAMI, FL 33133 US City-St-Zip: CORAL GABLES, FL 33134 US

Title: Title: (X) Change () Addition () Delete

Name: SANCHEZ, MARISA Name: SANCHEZ, MARISA

2588 S.W. 27TH AVE 2121 PONCE DE LEON BLVD. #1050 Address: Address: MIAMI, FL 33133 US CORAL GABLES, FL 33134 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO GARCIA **PSD** 04/12/2005