2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2005 08:00 AM Secretary of State

DOCUMENT # P02000036863 1. Entity Name AURORA SHEEPSKIN PRODUCTS, INC.		Secretary of State
Principal Place of Business P.O. BOX 382 HALLANDALE, FL 33008 Mailing Address P.O. BOX 382 HALLANDALE, FL 33008		
DO NOT WRITE IN THIS SPA	CE	03242005 No Chg-P CR2E034 (10/03) 4. FEI Number
6. Name and Address of Current Registered Agent TRAUGOTT, JAIME D 303 DUNWOODY LANE HOLLYWOOD, FL 33021		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement of 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		
Signature, typed or Philes name of registered agent and title if applicable (NOTE, Registere FILE NOW!! FEE IS \$150.00 9. Flection Campaign Final	ad Agent signature required values	when reinstaling) DATE DO May Be and to Fees
After May 1, 2005 Fee will be \$550.00	☐ Adde	ed to Fees
10. OFFICERS AND DIRECTORS TITLE PD NAME TRAUGOTT, JAIME D STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL 33021 TITLE NAME STREET ADDRESS CITY-ST-ZIP		000 00 0317269 04/20/05-80011-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 people is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or true entry of the 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 pragress, with all other like empowered. SIGNATURE:		