

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Apr 05, 2004 08:00 AM**  
Secretary of State

**DOCUMENT # P02000043148**

1. Entity Name  
AUTERA PROPERTIES, INC.



Principal Place of Business  
1851 NW 167TH AVE  
PEMBROKE PINES, FL 33028

Mailing Address  
1851 NW 167TH AVE  
PEMBROKE PINES, FL 33028



03202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
02-0587206 Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

AUTERA, SALVALTORE  
1851 NW 167TH AVE  
PEMBROKE PINES, FL 33028

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE	P
NAME	AUTERA, NATALIE
STREET ADDRESS	1851 NW 167TH AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	T
NAME	AUTERA, SALVALTORE
STREET ADDRESS	1851 NW 167TH AVE
CITY-ST-ZIP	PEMBROKE PINES, FL 33028
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/05/04-80031-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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: *Salvatore Autera* 4-2-04 305-893-5252