

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

UDDDDDDT02824  
 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