## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPUBLI (AR)					Ion 27 2006 08:00 AM			
DOCUMENT # P02000043148 1. Entity Name					Jan 27, 2006 08:00 AM Secretary of State			
AUTERA PROPERTIES, INC.								
Principal Placi	e of Business	Mailing Address	Mailing Address					
1851 NW 167TH AVE PEMBROKE PINES FL 33028		1851 NW 167TH AVE PEMBROKE PINES FL 33028						
2. Principal Place of Business		3. Mailing Address		· · · · · · · · · · · · · · · · · · ·	f (\$20)480 UL EBIIB (1211 22)	i Beik Beks Weks Biere	CCCRT CLRIT WINNE CHECK	11: H 11:EL
Suite, Apt. #, etc.		Suite, Apt. #, etc			1st MOORE	CR2E034	(10/05)	
City & State		City & State			4. FEI Number 02-0587	206	<del> </del>	olied For Applicab
Zip	Country	Zip	Country		5. Certificate of Status Desir		\$8.75 Addi Fee Required	
6. Name and Address of Current Registered Agent				me	7. Name and Address of N	ew Registered	Agent	
AUTERA, SALVALTORE 1851 NW 167TH AVE			Str	eet Address (	P.O. Box Number is Not Accep	ntable)	-	
PEM	IBROKE PINES FL 33028		1			<del></del>		
			Cit	•		FL	Zip Code	
	named entity submits this statement for ions of registered agent	r the purpose of changing its	registered off	ice or register	ed agent, or both, in the State	of Florida. I am	familiar with, a	and accep
SIGNATURE.	Signature typed or printed name of registered agent	and title if applicable (NOTE	Registered Agen	ergnature required	when reinstaling)	DATE	<del> </del>	<del></del>
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 Payable to Florida Department o		1		,	ampaign Financ I Contribution.		00 May S d to Fees
10.	OFFICERS AND	**************************************	11.		ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTORS	1N 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AUTERA, NATALIE 1851 NW 167TH AVE PEMBROKE PINES FL 33028	☐ Oelete	TITLE ' NAME, STREET ADD CITY-ST-Z0	- 1	V00000 02/07/06-	3405731 -80051-02	□ Change I 150.00	Adam.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AUTERA, SALVALTORE 1851 NW 167TH AVE PEMBROKE PINES FL 33028	☐ Delete	TITLE NAME STREET ADD CITY - ST - 21	_ }	<del></del> -: -		☐ Change	☐ Addirio
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TITLE  NAME  STREET ADDRESS  GITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADE CITY-ST-ZI	1			Change	□ ¥vim
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	Title Name Street add City -St -Zi	1			☐ Change	☐ Addini

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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 frustee empowered to execute this report as required by Chapter 6D7, 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:

Julyu SAL

SALVATORE A

ERP JAN 25-06

**FILED** 

305-8935252