


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000043148 1. Entity Name AUTERA PROPERTIES, INC.	
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Principal Place of Business 1851 NW 167TH AVE PEMBROKE PINES, FL 33028	Maining Address 1851 NW 167TH AVE PEMBROKE PINES, FL 33028
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01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

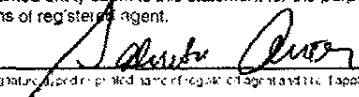
4. FEI Number 02-0587206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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: 

Signature (typed or printed name of registrant and title, if applicable) (Typed name of agent if signature required and no notating) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

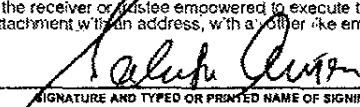
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	P AUTERA, NATALIE 1851 NW 167TH AVE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY ST ZIP	T AUTERA, SALVATORE 1851 NW 167TH AVE PEMBROKE PINES, FL 33028
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01/16/07-80036-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with a trustee empowered.

SIGNATURE:  JAN 11-07 305-893-252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY MONTH YEAR