

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058314

FILED  
Jan 15, 2004  
Secretary of State

Entity Name: AURORA HOBBIES & GIFTS INC.

## Current Principal Place of Business:

2760 W 84 STREET  
#2  
HIALEAH, FL 33016

## New Principal Place of Business:

## Current Mailing Address:

2760 W 84 STREET  
#2  
HIALEAH, FL 33016

## New Mailing Address:

FEI Number: 01-0711131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ, AURORA  
2760 W 84 ST #2  
HIALEAH, FL 33016

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ALVAREZ, PEDRO  
Address: 500 BAYVIEW DR. SUITE 1419  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: V ( ) Delete  
Name: ARGUELLO, FRANK  
Address: 500 BAYVIEW DR. 1419  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ST ( ) Delete  
Name: ALVAREZ, AURORA  
Address: 500 BAYVIEW DR. 1419  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: ALVAREZ, AURORA  
Address: 500 BAYVIEW DR. 1419  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO ALVAREZ

P

01/15/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date