

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000124349**  
 1. Entity Name  
**LAN AURORA CORPORATION**



Principal Place of Business  
**1392 N.W 119TH ST.  
 MIAMI FL 33167-3234**

Mailing Address  
**1392 N.W 119TH ST.  
 MIAMI FL 33167-3234**

2. Principal Place of Business  
 Suite, Apt #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt #, etc.  
 City & State  
 Zip Country



MOORE CR2E034 (11/03)

4. FEI Number **22-3885377** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**ALAN, MARIA  
 1392 N.W 119TH ST.  
 MIAMI FL 33167-3234**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALAN, MARIA 1392 N.W 119TH ST. MIAMI FL 33167-3234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YEUNG, YUK SUM 1392 N.W 119TH ST. MIAMI FL 33167-3234 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 02/03/04-80035-002 150.00

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 607, 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: Maria Alan - Maria Alan 1/28/04 (305) 681-5944