

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 12, 2004 8:00 am**  
**Secretary of State**

07-12-2004 90026 022 \*\*\*150.00

DOCUMENT # P03000008952

1. Entity Name

AU GROUP, CORP.



**DO NOT WRITE IN THIS SPACE**

**54061679**

2. Principal Place of Business  
1526 SW 19 TERR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
MIAMI, FL

City & State

4. FEI Number 14-1869611

Applied For  
Not Applicable

Zip  
33145

Country

Zip

Country

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JUAN CARLOS LLERENA

Street Address (P.O. Box Number is Not Acceptable)

1526 SW 19 TERR

City MIAMI

FL

Zip Code  
33145

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

ANNIA GALVEZ

07/07/2004

Signature, Title, and Address of Registered Agent and Title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRES. ANNIA GALVEZ  
15016 SW 64 ST. MIAMI, FL 33193  
(DELETE)

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V/ PRES. UBEL CAMEJO  
15016 SW 64 AT. MIAMI, FL 33193  
(DELETE)

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRE/ DIREC. JUAN CARLOS LLERENA  
1526 SW 19 TERR MIAMI, FL 33145  
(ADD)

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement 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 on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/07/2004

(305) 383-8673

Date

Daytime Phone #

CR2E034B (12/02)

Attachment 54061679

DIVISION OF CORPORATIONS  
ANNUAL REPORT OR REINSTATEMENT  
AU GROUP, CORP.  
DOCUMENT # P03000008952

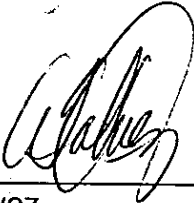
July 07, 2004

To Whom It May Concern:

My account advice me that the corporation has to file a Annual Report, but  
unfortunate the post card for some reason was never received.

If you have any question do not hesitate to contact me at (305) 383-8673

Sincerely,



Annia Galvez  
President