

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

DOCUMENT # P03000008952

1. Entity Name

AU GROUP, CORP.



DO NOT WRITE IN THIS SPACE

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

07-12-2004 90026 022 ***150.00

54061679

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1526 SW 19 TERR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FL

City & State

Zip
33145

Zip

Country

4. FEI Number
14-1869611

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name **JUAN CARLOS LLERENA**

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

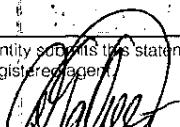
1526 SW 19 TERR

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

 Signature, IV, or Print name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating.)

07/07/2004

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

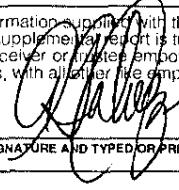
Make Check Payable to Florida Department of State

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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 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 on an attachment with an address, with all other like 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**

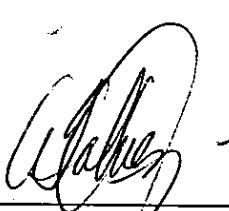
July 07, 2004

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