


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000020040	
1. Entity Name AURY'S CORPORATION	

Principal Place of Business 10358 FAIRWAY ROAD PEMBROKE PINES, FL 33026	Mailing Address 10358 FAIRWAY ROAD PEMBROKE PINES, FL 33026
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DO NOT WRITE IN THIS SPACE



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number 91-2187228	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FURER, AURA
10358 FAIRWAY ROAD
PEMBROKE PINES, FL 33026**

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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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000415563 02/11/06-80086-004 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FURER, AURA 10358 FAIRWAY ROAD PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FURER, HANNAH 10358 FAIRWAY ROAD PEMBROKE PINES, FL 33026
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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: *AURA FURER* **AURA FURER** *1-29-06*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #