

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 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**



01152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-2187228

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

STATE OF FLORIDA SECRETARY OF STATE
DATE: 01/15/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

**U00000788997
01/22/08-80008-008 150.00**

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	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08
Date

(954) 438-9916
Daytime Phone #