


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000044938</b>	
<b>1. Entity Name</b> AURILI CORPORATION	

<b>Principal Place of Business</b> 180 ROYAL PALM RD # 110 HIALEAH GARDEN, FL 33016	<b>Mailing Address</b> 180 ROYAL PALM RD # 110 HIALEAH GARDEN, FL 33016
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**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  MONTROYA, LILIANA 180 ROYAL PALM RD # 110 HIALEAH GARDEN, FL 33016	<b>DO NOT WRITE IN THIS SPACE</b>
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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.


<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b> 09/09/05-80007-019 150.00
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<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DP MONTROYA, LILIANA 180 ROYAL PALM RD # 110 HIALEAH GARDEN, FL 33016
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DPS MONTROYA, WILLIAM E 180 ROYAL PALM RD # 110 HIALEAH GARDEN, FL 33016
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
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<b>TITLE</b> 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>DATE</b> 07-05/05 (305) 824-5450
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Daytime Phone #</small>