

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2005 8:00 am
Secretary of State

03-11-2005 90624 001 ***300.00

DOCUMENT # P04000029664 1. Entity Name AUR, INC.																																																					
Principal Place of Business 375 NESA STREET MIAMI, FL 33137			Mailing Address PO BOX 530103 MIAMI, FL 33153-010																																																		
2. Principal Place of Business 375 NE 88 St Miami FL 33137			3. Mailing Address PO BOX 530103 MIAMI, FL 33153-010																																																		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07102005 Chg-P CR2E034 (10/03)																																																	
City & State		City & State		4. FEI Number 20-0724475																																																	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																	
6. Name and Address of Current Registered Agent EYSSALLENNE, LUC J 861 NE 88 STREET MIAMI, FL 33138				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																	
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 re-registering) DATE _____																																																					
FILE NOW!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																			
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">P</td> <td style="width: 40%;">EYSSALLENNE, LUC J</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>861 NE 88 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>MIAMI, FL 33138</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">NAME</td> <td style="width: 40%;">STREET ADDRESS</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	P	EYSSALLENNE, LUC J	<input type="checkbox"/> Delete	NAME				STREET ADDRESS		861 NE 88 STREET		CITY-ST-ZIP		MIAMI, FL 33138		TITLE	NAME	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition																												
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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.																																																					
SIGNATURE: _____ 8/19/05 <small>SIGNATURE AND TYPE OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR</small>																																																					



ATTACHMENT
66027018

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 26, 2005

AUR, INC.
PO BOX 530103
MIAMI, FL 33153-010

Subject: AUR, INC.

Reference Number:

P04000029664

FEI #
20-072-4475

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$300.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/LS

ANNUAL REPORTS SECTION