2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2005 8:00 am Secretary of State 01-25-2005 90043 014 ***150 00 DOCUMENT # P04000051152 1. Entity Name AURA XXI, INC. Principal Place of Business Mailing Address 40006136 9401 W. COLONIAL DR. 9401 W. COLONIAL DR. SUITE 508 SUITE 508 OCOEE, FL 34761 OCOEE, FL 34761 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152005 CR2E034 (10/03) 4. FEI Number 20 - 0894156 Applied For City & State City & State Not Applicable Country Zio Country Zip \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ABRAHAM, MOHAMMED S Street Address (P.O. Box Number is Not Acceptable) 777 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND, FL 32952 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete Addition TITLE IIILE NAME ABRAHAM, MOHAMMED S NAME STREET ADDRESS 777 E. MERRITT ISLAND CAUSEWAY STREET ADDRESS MERRITT ISLAND, FL 32952 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE ABRAHAM, MOHAMMED I NAME NAME STREET ADDRESS 9401 W. COLONIAL DR. STE. 508 STREET ADDRESS OCOEE, FL 34761 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE ABRAHAM, THARWAT NAME NAME

12. Thereby 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 thet 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.

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PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPE

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