


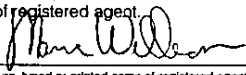
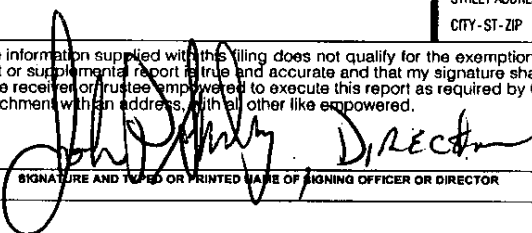
2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2006 8:00 am
Secretary of State

09-08-2006 90001 023 ***150.00

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DOCUMENT # P04000106021			
1. Entity Name AU PORT INVESTMENT CORPORATION			
Principal Place of Business 6301 COLLINS AVENUE #2201 MIAMI BEACH, FL 33141		Mailing Address 6301 COLLINS AVENUE #2201 MIAMI BEACH, FL 33141	
2. Principal Place of Business		3. Mailing Address 297 NE 97th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Miami Shores, FL	
Zip	Country	Zip 33138	Country USA
4. FEI Number APPLIED FOR 55-0878090		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILLIAMS, MARIE 6301 COLLINS AVENUE #2201 MIAMI BEACH, FL 33141		Name Street Address (P.O. Box Number is Not Acceptable) 297 NE 97th Street City Miami Shores FL Zip Code 33138	
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 		DATE 7/15/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUDNICKY, JOHN P 6301 COLLINS AVENUE #2201 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, MARIE P 6301 COLLINS AVENUE #2201 MIAMI BEACH, FL 33141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 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: 		Date 7/15/06 Daytime Phone # 305 940-2800	
Signature and typed or printed name of signing officer or director		Date	