

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106021

FILED
Jan 07, 2007
Secretary of State

Entity Name: AU PORT INVESTMENT CORPORATION

Current Principal Place of Business:

6301 COLLINS AVENUE #2201
MIAMI BEACH, FL 33141

New Principal Place of Business:

297 N.E. 97TH STREET
MIAMI SHORES, FL 33138

Current Mailing Address:

297 NE 97TH ST
MIAMI SHORES, FL 33138

New Mailing Address:

FEI Number: 55-0878090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, MARIE
297 NE 97TH ST
MIAMI SHORES, FL 33138 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STUDNICKY, JOHN P
Address: 6301 COLLINS AVENUE #2201
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: WILLIAMS, MARIE P
Address: 6301 COLLINS AVENUE #2201
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN STUDNICKY

D

01/07/2007

Electronic Signature of Signing Officer or Director

_____ Date