

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90379 009 ***150.00

DOCUMENT # P04000113692

1. Entity Name
AURA SERVICES INC



Principal Place of Business
**792 ORIENTA AVE
E
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**792 ORIENTA AVE
E
ALTAMONTE SPRINGS, FL 32701**

2. Principal Place of Business
**456 Lake Bridge Lane
Suite, Apt. #, etc.
#628**

3. Mailing Address
**456 Lake Bridge Lane
Suite, Apt. #, etc.
#628**

City & State
Apopka FL

City & State
Apopka FL

Zip
32703

Country
Orange

Zip
32703

Country
Orange

03302006 Chg-P CR2E034 (11/05)

4. FEI Number
20-1447115

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**QUINTERO, AURA
792 ORIENTA AVE
E
ALTAMONTE SPRINGS, FL 32701**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

456 Lake Bridge Lane

#628

City

Apopka

FL

Zip Code

32703

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.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
QUINTERO, AURA
792 ORIENTA AVE #E
ALTAMONTE SPRINGS, FL 32701**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**456 Lake Bridge Lane #628
APOPKA, FL 32703**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-30-06

Date

Daytime Phone #