

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113692

Entity Name: AURA SERVICES INC

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

456 LAKE BRIDGE LANE
#628
APOPKA, FL 32703

Current Mailing Address:

456 LAKE BRIDGE LANE
#628
APOPKA, FL 32703

New Principal Place of Business:

676 ROARING DRIVE
237
ALTAMONTE SPGS., FL 32714

New Mailing Address:

676 ROARING DRIVE
237
ALTAMONTE SPGS., FL 32714

FEI Number: 20-1447115

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINTERO, AURA
456 LAKE BRIDGE LANE
#628
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

QUINTERO, AURA P
676 ROARING DRIVE
237
ALTAMONTE SPGS., FL 32714 US

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: AURA QUINTERO

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: QUINTERO, AURA
Address: 456 LAKE BRIDGE LN., #628
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: QUINTERO, AURA
Address: 676 ROARING DRIVE APT. 237
City-St-Zip: ALTAMONTE SPGS., FL 32714

I hereby certify that the information supplied with this filing does not qualify 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: AURA QUINTERO

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date