

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90032 015 ***150.00

DOCUMENT # P05000067591					
1. Entity Name AUREO CERVANTES, INC.					
Principal Place of Business 1206 SOUTH FEDERAL HIGHWAY #87 DELRAY BEACH, FL 33483			Mailing Address 1206 SOUTH FEDERAL HIGHWAY #87 DELRAY BEACH, FL 33483		
2. Principal Place of Business - No P.O. Box # 4673 Villas Santorini Dr Suite, Apt. #, etc. 306		3. Mailing Address 4673 Villas Santorini Dr Suite, Apt. #, etc. 306			
City & State Lake Worth FL		City & State Lake Worth FL		4. FEI Number 20-4481885	
Zip 33461		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CERVANTES, AUREO 1206 SOUTH FEDERAL HIGHWAY #87 DELRAY BEACH, FL 33483				7. Name and Address of New Registered Agent Name: <u>Cervantes Aureo</u> Street Address (P.O. Box Number is Not Acceptable): <u>4673 Villas Santorini Dr #306</u> City: <u>Lake Worth</u> FL Zip Code: <u>33461</u>	
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: <u>Aureo Cervantes</u> DATE: <u>4/9/8</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CERVANTES, AUREO 1206 SOUTH FEDERAL HIGHWAY DELRAY BEACH, FL 33483		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P. Cervantes Aureo 4673 Villas Santorini Dr #306 Lake Worth FL 33461	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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: Aureo Cervantes <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/9/8 <small>Date</small>		