

2006 FOR PROFIT CORPORATION ANNUAL REPORT

4. **FILED**
May 09, 2006 8:00 am
Secretary of State

04-05-2006 90153 041 ***150.00

DOCUMENT # P05000080779

1. Entity Name
AUNTA INC.



Principal Place of Business

11450 NW 60TH TERR
289
MIAMI, FL 33178 US

Mailing Address

11450 NW 60TH TERR
289
MIAMI, FL 33178 US

66015430



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03272006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

20-2942129

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUMAR, SUDHIR
11450 NW 60TH TERR
289
MIAMI, FL 33178

Name

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

City

FL

Zip Code

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

Sudhir Kumar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

03/27/06

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KUMAR, SUDHIR	
STREET ADDRESS	114050 NW 60TH TERR (289)	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KUMARI, MAMTA	
STREET ADDRESS	114050 NW 60TH TERR (289)	
CITY-ST-ZIP	MIAMI, FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Sudhir Kumar

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/27/06

Date

786-331-9150

Daytime Phone #