05-04-2007 90298 001 ***150.00
05-04-2007 90298 002 *****5.00
05-04-2007 90298 003 *****8.75

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
P06000014933
07 MAY 16 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000014933

1. Entity Name
AURELAIN DESIGNS, INC.

Principal Place of Business	Mailing Address
8801 W. FLAGLER ST. SUITE 108 MIAMI, FL 33174	8801 W. FLAGLER ST. SUITE 108 MIAMI, FL 33174

03012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9419 FOUNTAINEBLEAU BLVD	9419 FOUNTAINEBLEAU BLVD.
Suite, Apt. #, etc.: 106	Suite, Apt. #, etc.: 106
City & State: MIAMI - FL.	City & State: MIAMI FL.
Zip: 33172 Country: MIAMI	Zip: 33172 Country: MIAMI

4. FEI Number 90-0263377 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, AURELINA C
8801 W. FLAGLER ST.
SUITE 108
MIAMI, FL 33174

7. Name and Address of New Registered Agent

Name: AURELAIN DESIGNS INC. Aurelina Rodriguez
Street Address (P.O. Box Number is Not Acceptable): 9419 FOUNTAINEBLEAU BLVD.
City: MIAMI FL Zip Code: 33172

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: Aurelina Rodriguez 04/22/07
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, AURELINA C 8801 W. FLAGLER ST., STE. 108 MIAMI, FL 33174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	$5/24	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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: Aurelina Rodriguez 04/22/07.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #