FILED
Jun 24, 2003 8:00 am
Secretary of State
06-24-2003 90011 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000062701

1. Entity Name
AURORA ACADEMY INSTITUTE INC.

90140223

Principal Place of Business	Mailing Address
3280 BIRD AVE COCONUT GROVE, FL 33133	3280 BIRD AVE COCONUT GROVE, FL 33133

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0675061 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
CERNA, DEBORAH G
2127 BRICKELL AVE #505
MIAMI, FL 33129

7. Name and Address of New Registered Agent
Name: Gil, Deborah
Street Address (P.O. Box Number Is Not Acceptable): 3280 Bird Ave
City: Coconut Grove FL Zip Code: 33133

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: Deborah Gil — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 5/16/03

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CERNA, DEBORAH G	NAME	
STREET ADDRESS	2127 BRICKELL AVE. #505	STREET ADDRESS	
CITY-ST-ZIP	MIMAI, FL 33129	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Deborah Gil — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 5/16/03 — Daytime Phone #

Attachment
90140223

Division of Corporations
Tallahassee, FL 32302

REF: AURORA ACADEMY INSTITUTE INC.
DOC #:P95000062701
ANNUAL BUSINESS REPORT

TO WHOM IT MAY CONCERN:

We are sending a filled out blank annual report to your Department because we never received the original report. Please accept our apologies and accept this $ 150.00 filling fee. We apologize for any inconvenience this may have caused. Our office never meant to send the report late. Thank you very much for your cooperation. Any questions please feel free to contact me at (305) 541-3980.

Sincerely,

Deborah Gold

President