

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000066012**

1. Entity Name  
**CONAURE, INC.**



Principal Place of Business  
**2700 SOUTH WEST 114 AVENUE  
MIAMI, FL 33165**

Mailing Address  
**2700 SOUTH WEST 114 AVENUE  
MIAMI, FL 33165**



01202006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0605002** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, AURELIA  
2700 SW 114TH AVE  
MIAMI, FL 33165**

**DO NOT WRITE  
IN THIS SPACE**

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

*Aurelia Fernandez*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**AURELIA FERNANDEZ**

DATE

**1/2/06**

**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**

~~180000411576~~  
~~02/18/06-80012-013-150.00~~

10. OFFICERS AND DIRECTORS

TITLE **ST**  
NAME **FERNANDEZ, AURELIA**  
STREET ADDRESS **2700 SOUTH WEST 114 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33165**

TITLE  
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~~02/13/06-80075-007-150.00~~

**DO NOT WRITE  
IN THIS SPACE**

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:

*Aurelia Fernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AURELIA FERNANDEZ**

Date

**1/2/06**

Daytime Phone #

**305 553-7544**