


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 24, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000022654

1. Entity Name
AUBERGISTE INC.



Principal Place of Business 2801 TERRAMAR ST SUITE 109 FT. LAUDERDALE BEACH, FL 33304 US	Mailing Address 2801 TERRAMAR ST SUITE 109 FT. LAUDERDALE BEACH, FL 33304 US
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DO NOT WRITE IN THIS SPACE



03152003 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0722543	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**POIRIER, ROBERT A
 2801 TERRAMAR ST.
 FT. LAUDERDALE, FL 33304**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCFO POIRIER, ROBERT A 21625 SUTTERS LANE BOCA RATON, FL 33428
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 05/24/04-80007-017 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: K. C. R. **21 May 2004** 954-568-6626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #