

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2006 8:00 am
Secretary of State

02-22-2006 90013 026 ***150.00

DOCUMENT # P96000052118

1. Entity Name

AURORA INVESTMENTS I, INC.



Principal Place of Business

1750 N FLORIDA MANGO RD
WEST PALM BEACH FL 33415
US

Mailing Address

4281 NW 1ST AVENUE
BOCA RATON FL 33431-4236
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEROLA, JAMES R
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410

Name

William Fairman

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

4281 NW 1st Avenue

City

Boca Raton

FL

Zip Code

33431

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D, P
BROWN, JANE
PO BOX 108
FURLONG PA 18925 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GINSBERG, RICHARD I
80 BELVEDERE DR.
SYOSSET NY 11791 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S, T
BROWN, MARVIN M
PO BOX 108
FURLONG PA 18925 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

JANE BROWN

2-1-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #