
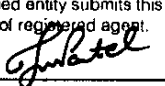
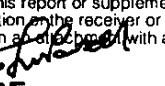


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90022 022 ***150.00

DOCUMENT # P96000071761			
1. Entity Name AUPT, INC.			
Principal Place of Business 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714		Mailing Address 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1409 Kingsley Ave.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7A	
City & State		City & State Orange Park, FL	
Zip	Country	Zip 32073	Country US
4. FEI Number 59-3400507		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		7. Name and Address of New Registered Agent	
PATEL, THAKOR M 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714		Name PATEL, THAKOR Street Address (P.O. Box Number is Not Acceptable) 1409 Kingsley Ave. Ste 7A City Orange Park FL Zip Code 32073	
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 resigning) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD PATEL, THAKOR M 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Patel, Thakor 1409 Kingsley Ave Ste 7A Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD PATEL, PRATIBHALATA T 4990 - 34TH STREET NORTH ST. PETERSBURG, FL 33714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD Patel, Pratibhalata T 1409 Kingsley Ave. Ste 7A Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 a document with an address, with all other like empowered.			
SIGNATURE: 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

40043255



02052008 Chg-P CR2E034 (12/06)