2005 FOR PROFIT CORPORATION

SIGNATURE:

Apr 06, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P97000069043** 04-06-2005 90093 038 ***150.00 1. Entity Name AURORA FARM, INC. Mailing Address Principal Place of Business 3010 WOODSTOCK AVE 3010 WOODSTOCK AVE NAPLES, FL 34120 NAPLES, FL 34120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01182005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-0776285 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERNANDEZ, ROSA Street Address (P.O. Box Number is Not Acceptable) 3010 WOODSTOCK AVE NAPLES, FL 34120 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Delete ☐ Change ☐ Addition TITLE TITLE NAME HERNANDEZ, RUBEN NAME 565 3RD ST SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34117 CITY-ST-ZIP VSTD Change ☐ Delete TITLE **PRESIDENT** ☐ Addition TITLE HERNANDEZ ROSA Rosin Hemandle Sus 30 st swill Maples to 3411-NAME NAME 565 3RD ST SW STREET ADDRESS STREET ADDRESS NAPLES, FL 34117 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE Sorge Hemander UZI 31 st st sow Warples, FL 34120 NAME" NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Sec ITRES. POPINO HEMANUTE ET32 14th St. N. Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 tike empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED