

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # S04117

1. Entity Name
AURA SANCHINELLI, INC.



Principal Place of Business
9600 S.W. 8TH STREET
SUITE 39
MIAMI, FL 33174-2947

Mailing Address
9600 S.W. 8TH STREET
SUITE 39
MIAMI, FL 33174-2947

DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0241653

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LLANES, ANGRA
10060 SW 122 AVE.
MIAMI, FL 33186

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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

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

(NOTE: Registered Agent signature required when (re)registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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
PSD
LLANES, ANGRA
10060 S.W. 122 AVENUE
MIAMI, FL 33186

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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02/16/04-80073-014 150.00

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IN THIS SPACE

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 like empowered.

SIGNATURE:

[Signature]

AURA SANCHINELLI
PRESIDENT

02/04/04 (205) 445-1658