


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 22, 2005 8:00 am
Secretary of State

06-22-2005 90077 015 ***550.00

DOCUMENT # S22312			
1. Entity Name ST. AUG CORP.			
Principal Place of Business P O BOX 402486 MIAMI BCH FL 33140		Mailing Address P O BOX 402486 MIAMI BCH FL 33140	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0238686		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KIPNIS, THEODORE 115-4TH DILIDO TER MIAMI BEACH FL 33139		7. Name and Address of New Registered Agent Name Priscilla Friedland Street Address (P.O. Box Number is Not Acceptable) 4270 N. Michigan Ave. City Miami Beach FL Zip Code 33140	
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 <i>Priscilla Friedland</i>		SIGNATURE <i>Theodore Kipnis</i> DATE 6/14/05	
SIGNATURE, typed or printed name of registered agent and title if applicable		(NOTE Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS: \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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 DP NAME KIPNIS, THEODORE STREET ADDRESS 115-4TH DILIDO TER CITY-ST-ZIP MIAMI BCH FL	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR NAME Allan Friedland STREET ADDRESS 4270 N. Michigan Ave. CITY-ST-ZIP Miami Beach FL 33140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE V.P. NAME Priscilla Friedland STREET ADDRESS 4270 N. Michigan Ave. CITY-ST-ZIP Miami Beach FL 33140	<input type="checkbox"/> Change <input checked="" 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
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
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
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 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: <i>[Signature]</i>		DATE 6/14/05 DAYTIME PHONE 305-598-9661	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

