

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # S72462 1. Entity Name AUITAECOCO CORP.	
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Principal Place of Business %DEAN ZIFF 2999 BRICKELL AVENUE MIAMI, FL 33129	Mailing Address %DEAN ZIFF 2999 BRICKELL AVENUE MIAMI, FL 33129
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04052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0288785	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZIFF, DEAN 2999 BRICKELL AVENUE MIAMI, FL 33129

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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIFF, DEAN 2999 BRICKELL AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICTORIA, FRANCISCO 8830 SW 65TH STREET MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000528299 05/05/06-80032-005 150.00 DO NOT WRITE IN THIS SPACE

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 an attachment with an address, with all other like empowered.

SIGNATURE:  DEAN ZIFF	4-19-06	305-856-0323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		