



FILED
Jan 29, 2007 08:00 AM
Secretary of State

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # V57724 1. Entity Name AUSTRO FINANCIAL SERVICES, INC.			
Principal Place of Business 501 BRICKELL KEY DRIVE STE 402 MIAMI, FL 33131 US		Mailing Address 501 BRICKELL KEY DRIVE STE 402 MIAMI, FL 33131 US	
DO NOT WRITE IN THIS SPACE			
		01182007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0364532		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 SKOLA, THOMAS J. 801 BRICKELL AVE. 14TH FLOOR MIAMI, FL 33131		DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required with re-stating.) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		000000605958 01/30/07-80060-006 150.00	
10. OFFICERS AND DIRECTORS			
TITLE	PT		
NAME	ELJURI, JORGE		
STREET ADDRESS	501 BRICKELL KEY DRIVE STE 402		
CITY- ST- ZIP	MIAMI, FL 33131		
TITLE	D		
NAME	ELJURI, ANTON J		
STREET ADDRESS	501 BRICKELL KEY DRIVE STE 402		
CITY- ST- ZIP	MIAMI, FL 33131		
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY- ST- ZIP			
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 reports 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 an attached address.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			