


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**


FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # V66960 1. Entity Name AURORA-SCHMITT ASSOCIATES, INC.	
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Principal Place of Business 4329 N. PALM FOREST DR. DELRAY BEACH, FL 33445 US	Mailing Address 738 SMITHTOWN BYPASS SMITHTOWN, NY 11787 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SCHREY, JOHN 4329 N. PALM FOREST DR. DELRAY BEACH, FL 33445
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02012007 No Chg-P CR2E034 (11/05)
4. FEI Number
59-3144534
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

**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 when reinstating) DATE _____

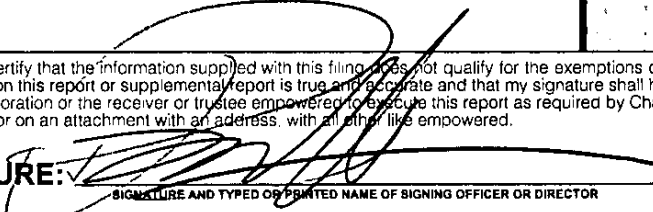
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT VAIRO, RICHARD 3 TINKER BLUFF CT EAST SETAUKET, NY 11733
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BRENNER, GUY 720 THIRD ST. P RONKONKOMA, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHREY, JOHN 4329 N PALM FOREST DRIVE DELRAY BEACH, FL 33445
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000622295
02/13/07-80020-005 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____