

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# V66960

Entity Name: AURORA-SCHMITT ASSOCIATES, INC.

**FILED**  
**Jun 04, 2009**  
**Secretary of State**

## **Current Principal Place of Business:**

4329 N. PALM FOREST DR.  
DELRAY BEACH, FL 33445 US

## **Current Mailing Address:**

738 SMITHTOWN BYPASS  
SMITHTOWN, NY 11787 US

## **New Principal Place of Business:**

1355 S INTERNATIONAL PARKWAY  
SUITE 2471  
LAKE MARY, FL 32746 US

## **New Mailing Address:**

1355 S INTERNATIONAL PARKWAY  
SUITE 2471  
LAKE MARY, FL 32746 US

FEI Number: 59-3144534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SCHREY, JOHN  
4329 N. PALM FOREST DR.  
DELRAY BEACH, FL 33445 US

## **Name and Address of New Registered Agent:**

FARBER, BARRY  
165 DARTMOUTH LANE  
LONGWOOD, FL 32779 US

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.

SIGNATURE: BARRY FARBER

06/04/2009

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: CPT ( ) Delete  
Name: VAIRO, RICHARD  
Address: 3 TINKER BLUFF CT  
City-St-Zip: EAST SETAUKET, NY 11733

Title: VP (X) Delete  
Name: SCHREY, JOHN  
Address: 4329 N. PALM FOREST DRIVE  
City-St-Zip: DELRAY BEACH, FL 33445

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: FARBER, BARRY  
Address: 165 DARTMOUTH LANE  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY FARBER

PRES

06/04/2009

Electronic Signature of Signing Officer or Director

Date