

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # V68632**

1. Entity Name  
**AURORA CAPITAL, INC.**



Principal Place of Business  
**8360 W OAKLAND PARK BLVD  
201  
SUNRISE, FL 33351 US**

Mailing Address  
**8360 W OAKLAND PARK BLVD  
201  
SUNRISE, FL 33351 US**



03292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **65-0366759** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MREJE, ARIE P  
701 W CYPRESS CREEK RD  
SUITE 302  
FT LAUDERDALE, FL 33309**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KADOCH, DAVID
STREET ADDRESS	1250 NW FLAMINGO ROAD
CITY-ST-ZIP	PLANTATION, FL
TITLE	DV
NAME	FOERSTER, BRUCE
STREET ADDRESS	4045 SHERIDAN AVENUE #432
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	DT
NAME	ZOUR, ISRAEL
STREET ADDRESS	12700 N. BISCAYNE BLVD., STE. 202
CITY-ST-ZIP	N. MIAMI, FL
TITLE	D
NAME	TIROSH, ZIV
STREET ADDRESS	25 BEN YOSSEF ST
CITY-ST-ZIP	TEL AVIN ISRAEL, 69125
TITLE	D
NAME	MARTINEZ, JUAN CARLOS
STREET ADDRESS	8360 W. OAKLAND PARK BLVD. #200
CITY-ST-ZIP	SUNRISE, FL
TITLE	D
NAME	MREJEN, ARIE
STREET ADDRESS	8360 W. OAKLAND PARK BLVD.
CITY-ST-ZIP	SUNRISE, FL

**DO NOT WRITE  
IN THIS SPACE**

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04/27/05-80008-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 the enclosed.

**SIGNATURE: BRUCE S. FOERSTER, VICEPRESIDENT AND CFO** 22 APR 2005 954 1319 2030  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone