

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000011445

**Entity Name:** AURORAS VOICE INC.

**Current Principal Place of Business:**

521 SOUTHRIDGE ROAD  
DELRAY BEACH, FL 33444-2229

**Current Mailing Address:**

521 SOUTHRIDGE ROAD  
DELRAY BEACH, FL 33444-2229 US

**FEI Number:** 26-1535000

**Certificate of Status Desired:** No

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

DEL REAL, PABLO F  
521 SOUTHRIDGE ROAD  
DELRAY BEACH, FL 33444-2229 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:** PABLO DEL REAL

03/31/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title FOUNDER  
Name DEL REAL, PABLO F  
Address 521 SOUTHRIDGE ROAD  
City-State-Zip: DELRAY BEACH FL 33344-2229

Title DIRECTOR  
Name ZACKS, SHELLY  
Address 109 FERN COURT  
City-State-Zip: DELRAY BEACH FL 33444

Title DIRECTOR  
Name BILGES, GOVINDA  
Address 250 S OCEAN BLVD #262  
City-State-Zip: DELRAY BEACH FL 33483

Title TREASURER  
Name SCHILLER, DANIEL  
Address 3553 NW 25TH TERRACE  
City-State-Zip: BOCA RATON FL 33434

Title DIRECTOR  
Name BECK, ERINN  
Address 401 W ATLANTIC AVENUE #9  
City-State-Zip: DELRAY BEACH FL 33444

Title SECRETARY  
Name FENICHEL, ETHAN  
Address 5554 ASPEN RIDGE CIRCLE  
City-State-Zip: DELRAY BEACH FL 33484

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PABLO F. DEL REAL S.

CHAIR

03/31/2017

Electronic Signature of Signing Officer/Director Detail

Date