


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 584709**  
 1. Entity Name  
 ORION INVESTMENT AND MANAGEMENT LTD. CORP.



Principal Place of Business  
 9155 SOUTH DADELAND BLVD  
 SUITE 1602  
 MIAMI, FL 33156 US

Mailing Address  
 P.O. BOX 560607  
 MIAMI, FL 33256 US



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-1845874

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 BROWN, B. MACKAY  
 9155 SOUTH DADELAND BLVD  
 SUITE 1602  
 MIAMI, FL 33156

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

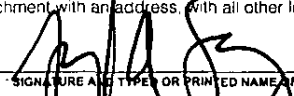
10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SANZ, JOSEPH
STREET ADDRESS	9155 SOUTH DADELAND BLVD SUITE 1602
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SVP
NAME	BUHRMASTER, NORMAN J
STREET ADDRESS	9155 SOUTH DADELAND BLVD SUITE 1602
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	ST
NAME	SANZ, JOAN
STREET ADDRESS	9155 SOUTH DADELAND BLVD SUITE 1602
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	AS
NAME	BROWN, B. M
STREET ADDRESS	9155 SOUTH DADELAND BLVD SUITE 1602
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/11/07-80010-007 150.00

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:  DATE: April 27, 07 DAYTIME PHONE #: 305-278-8400