


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

102

| | |
|--|---|
| DOCUMENT # PG0000021039 1. Entity Name ORFRA, INC. |  |
|--|---|

03 OCT -1 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 5985 W. 25TH COURT Suite, Apt. #, etc. | 3. Mailing Address 5985 W. 25TH COURT Suite, Apt. #, etc. |
| City & State HIALEAH | City & State HIALEAH |
| Zip FL 33016 | Zip FL 33016 |

REINSTATEMENT 2003

| | |
|--|---------------------------------------|
| <p style="font-size: 1.5em; font-weight: bold; text-align: center;">DO NOT WRITE IN THIS SPACE</p> | 4. FEI Number 65-09785709 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent | |
| Name ORTA, PEDRO | |
| Street Address (P.O. Box Number is Not Acceptable) 5985 W 25TH COURT | |
| City HIALEAH | State FL Zip Code 33016 |

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
| January 1 - May 1, Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |

| 10. OFFICERS AND DIRECTORS | | | |
|----------------------------|------------------------------------|-----------------|-------------------------------|
| TITLE | PD | TITLE | 000024222770 |
| NAME | ORTA PEDRO | NAME | 10/29/03--01008--030 **450.00 |
| STREET ADDRESS | 5985 W 25TH CT., HIALEAH, FL 33016 | STREET ADDRESS | DO NOT WRITE IN THIS SPACE |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | SD | TITLE | |
| NAME | LOPEZ FRANK | NAME | |
| STREET ADDRESS | 5985 W 25TH CT., HIALEAH, FL 33016 | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| TITLE | | TITLE | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, without other like empowerment.

| | | |
|--|-------------------------|---------------------|
| SIGNATURE:  | FRANK LOPEZ (SD) | 305-823-3232 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |

CR2E034B (12/02)

2002

ORFRA, INC.

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR 2003 UNIFORM BUSINESS REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON' T HESITATE TO CONTACT ME.

CORDIALLY,



PEDRO ORTA
PRESIDENT