

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19 2007 08:00 AM
Secretary of State

DOCUMENT # P04000170019

1. Entity Name
OROPEZA INVESTMENTS, INC.



Principal Place of Business
**3881 EMERALD ESTATES CIRCLE
 APOPKA FL 32703**

Mailing Address
**3881 EMERALD ESTATES CIRCLE
 APOPKA FL 32703**

DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FEI Number **20-2036163** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**OROPEZA FRANK W
 3881 EMERALD ESTATES CIR
 APOPKA FL 32703**

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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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	OROPEZA FRANK W
STREET ADDRESS	3881 EMERALD ESTATES CIRCLE
CITY- ST- ZIP	APOPKA FL 32703
TITLE	D
NAME	OROPEZA ANNE S
STREET ADDRESS	3881 EMERALD ESTATES CIRCLE
CITY- ST- ZIP	APOPKA FL 32703
TITLE	D
NAME	OROPEZA FRANK W
STREET ADDRESS	3881 EMERALD ESTATES CIRCLE
CITY- ST- ZIP	APOPKA FL 32703
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: Frank Oropeza FRANK OROPEZA 1/17/07 907 446 5859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #