


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000059008

1. Entity Name
ORONI, INC.



| | |
|--|--|
| Principal Place of Business 2151 NE 124TH ST NORTH MIAMI, FL 33181 | Mailing Address 2151 NE 124TH ST NORTH MIAMI, FL 33181 |
|--|--|

DO NOT WRITE IN THIS SPACE



02242004 No Chg-P CR2E034 (10/03)

| | |
|--|---------------------------------------|
| 4. FEI Number 65-0521327 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

IGLESIAS, ORLANDO
2151 NE 124TH ST
NORTH MIAMI, FL 33181

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U00000074183
03/03/04-80007-020 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP IGLESIAS, ORLANDO 2151 NE 124TH ST NORTH MIAMI, FL 33181 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DS IGLESIAS, NANCY 2151 NE 124TH ST NORTH MIAMI, FL 33181 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TREA IGLESIAS, ROLANDO 2151 NE 124TH ST. HIALEAH, FL 33181 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  ORLANDO IGLESIAS 2/24/04 305 685-0412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #