


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # V33966


1. Entity Name
ORSAW, INC.



Principal Place of Business Mailing Address

17008 COLLINS AVE 17008 COLLINS AVE
 SUNNY ISLES BEACH, FL 33160 US SUNNY ISLES BEACH, FL 33160 US

DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number Applicable or Not Applicable
 65-0339273

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

6. Name and Address of Current Registered Agent

ALGEBRA INVESTMENTS CORP.
 17008 COLLINS AVE
 SUNNY ISLES BEACH, FL 33160

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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 types or prints name of the registered agent or officer of applicant Date of Signature Agent agrees to be binding

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

10. OFFICERS AND DIRECTORS

TITLE	PVS
NAME	LIMA, GERALDO ARAUJO
STREET ADDRESS	17008 COLLINS AVE
CITY-STATE-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	D
NAME	LIMA, LASTENIA DUARTE
STREET ADDRESS	17008 COLLINS AVE
CITY-STATE-ZIP	SUNNY ISLES BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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12. I hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statute. I further certify that the information indicated on this report is supplemental, correct, 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 this corporation or the trustee 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: *Geraldo de Araujo Lima*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Day of _____