


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F93000001692</b>	
1. Entity Name ROTUNDA PROPERTIES A.V.V. COMPANY	

Principal Place of Business C/O ORION INVESTMENT 9000 S.W. 152ND ST STE 106 MIAMI, FL 33157	Mailing Address C/O ORION INVESTMENT 9000 S.W. 152ND ST STE 106 MIAMI, FL 33157
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01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0246258	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

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IN THIS SPACE**

6. Name and Address of Current Registered Agent  BROWN, B. MACKAY ESQ WHITE & BROWN, P.A. 9000 SW 152ND ST STE 102 MIAMI, FL 33157
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	MD GESTOR, AGENCIA F 48 L.G. SMITH BLVD. ORANJESTAD, ARUBA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD GONZALEZ, HECTOR E 48 L.G. SMITH BLVD. ORANJESTAD, ARUBA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANZ, JOSEPH A 9000 SW 152ND ST STE 106 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04 305-2788400  
Date Daytime Phone #