

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # 595112	
1. Entity Name ORLANDO WOODS ESTATES, INC.	
Principal Place of Business 2451 BRICKELL AVE 8 N MIAMI, FL 33129	Mailing Address P.O. BOX 011773 MIAMI, FL 33101 US



03182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2339442	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AVILA, MANUEL GARCIA 2451 BRICKELL AVE 8N MIAMI, FL 33129
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000270560 03/21/05-80011-021 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GARCIA AVILA, MANUEL PO BOX 011773 MIAMI, FL 33101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TORRES, EDUARDO 2451 BRICKELL AVE 8 N MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DE ABREU, MANUEL DA CORTE PISO 8 OFICINAAMANSOR CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ABREU, JOSE DA SILVA PISO 8 OFICINAAMANSOR CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, EDUARDO 2451 BRICKELL AVE 8 N MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, MANUEL HERMINIO TORRE LAS DELICIAS 0D CARACAS VENEZUELA,

**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)(f), 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: EDUARDO TORRES, PRESIDENT 3/18/05 (305) 491-6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #