


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.	
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Principal Place of Business 2451 BRICKELL AVE 8 N MIAMI, FL 33129	Mailing Address P.O. BOX 011773 MIAMI, FL 33101 US
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DO NOT WRITE IN THIS SPACE



03182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2339442	Applied For <input type="checkbox"/> 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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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 file if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

100000270560
 03/21/05-80011-021 150.00

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 OFICINAAMANSCOR CARACAS, VENEZUELA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE ABREU, JOSE DA SILVA PISO 8 OFICINAAMANSCOR 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,

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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 #