


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000001692

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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01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0246258	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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**

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

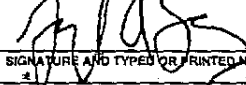
10. OFFICERS AND DIRECTORS

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(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:  DATE: **4-15-05** DAYTIME PHONE #: **305-278-8400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #