

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90280 009 ***550.00

DOCUMENT # 598648 1. Entity Name ORION BUYING CORP.	
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Principal Place of Business ORION INVESTMENT & MANAGEMENT LTD CORP 9000 SW 152 ST SUITE 106 MIAMI, FL 33256 US	Mailing Address % ORION INVESTMENT & MANAGEMENT P.O. BOX 560607 MIAMI, FL 33756
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01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1845874	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BROWN, B MACKAY
9000 SW 152 ST #102
MIAMI, FL 33158

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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, 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	TPD SANZ, JOSEPH A 9000 SW 152ND STREET # 106 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BUHRMASTER, NORMAN J 9000 SW 152ND STREET # 106 MIAMI, FL 33157
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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: Joseph A Sanz 5/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #