


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
Feb 14, 2006 08:00 AM  
Secretary of State

**DOCUMENT # 595112**  
1. Entity Name  
ORLANDO WOODS ESTATES, INC.



Principal Place of Business      Mailing Address  
2451 BRICKELL AVE 8 N      P.O. BOX 011773  
MIAMI, FL 33129      MIAMI, FL 33101 US



02092006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
59-2339442      Not Applicable

5. Certificate of Status Desired        \$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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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

FILED 02/28/06 08:00 AM  
02/28/06-80005-1001 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	GARCIA AVILA, MANUEL
STREET ADDRESS	PO BOX 011773
CITY-ST-ZIP	MIAMI, FL 33101
TITLE	S
NAME	TORRES, EDUARDO
STREET ADDRESS	2451 BRICKELL AVE 8 N
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	VD
NAME	DE ABREU, MANUEL DA CORTE
STREET ADDRESS	PISO 8 OFICINAAMANSOR
CITY-ST-ZIP	CARACAS, VENEZUELA,
TITLE	D
NAME	DE ABREU, JOSE DA SILVA
STREET ADDRESS	PISO 8 OFICINAAMANSOR
CITY-ST-ZIP	CARACAS, VENEZUELA,
TITLE	P
NAME	TORRES, EDUARDO
STREET ADDRESS	2451 BRICKELL AVE 8 N
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	D
NAME	MARTINEZ, MANUEL HERMINIO
STREET ADDRESS	TORRE LAS DELICIAS 0D
CITY-ST-ZIP	CARACAS VENEZUELA,

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 T. TORRES (P)      2/9/06      (305) 495-6790  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #