


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 598648</b> 1. Entity Name ORION BUYING CORP.	
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Principal Place of Business 9155 SOUTH DADELAND BOULEVARD SUITE 1602 MIAMI, FL 33256 US	Mailing Address % ORION INVESTMENT & MANAGEMENT P.O. BOX 560607 MIAMI, FL 33756
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01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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

BROWN, B MACKAY  
 9155 SOUTH DADELAND BOULEVARD  
 SUITE 1602  
 MIAMI, FL 33156

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TPD SANZ, JOSEPH A 9155 SOUTH DADELAND BOULEVARD STE 1602 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS BUHRMASTER, NORMAN J 9155 SOUTH DADELAND BOULEVARD STE 1602 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 05/11/07-80010-008 150.00

**DO NOT WRITE IN THIS SPACE**

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:  \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 2, 07 305-278-8400  
Date Daytime Phone #