

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 595112

**Entity Name:** ORLANDO WOODS ESTATES, INC.

**Current Principal Place of Business:**

1111BRICKELL BAY DR.  
# 2304  
MIAMI, FL 33131

**Current Mailing Address:**

P.O. BOX 144491  
CORAL GABLE, FL 33114 US

**FEI Number: 59-2339442**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TORRES, EDUARDO P  
1111 BRICKELL BAY DR.  
# 2304  
MIAMI, FL 33131 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name TORRES EDUARDO  
Address 1111 BRICKELL BAY DR. # 2304  
City-State-Zip: MIAMI FL 33131

Title VD  
Name DE ABREU MANUEL DA CORTE  
Address AV. VERACRUZ, EDIF. MARACAIBO,  
OF.800  
City-State-Zip: CARACAS DC 1070

Title DIRECTOR  
Name DE ABREU, JOSE DA SILVA  
Address AV. VERACRUZ, EDIF. MARACAIBO,  
OF.800  
City-State-Zip: CARACAS, DC 1070 VE

Title DIRECTOR  
Name MARTINEZ, MANUEL HERMINIO  
Address AV.LIBERTADOR. TORRE LAS  
DELICIAS 9-D  
City-State-Zip: CARACAS,DC 1070 VE

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: EDUARDO T. TORRES**

**PRESIDENT**

**02/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date