

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # 214720 1. Entity Name ORWALL ENTERPRISES, INC.	
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Principal Place of Business 775 E. 9TH STREET HIALEAH, FL 33010	Mailing Address 775 E. 9TH STREET HIALEAH, FL 33010
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0860471	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent COY, CAROL 13920 LEANING PINE DRIVE MIAMI LAKES, FL 33014

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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 _____ Signature, typed or printed name of registered agent and officer if applicable. (NOTE: Registered Agent signature required when releasing)
DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO COY, CAROL 13920 LEANING PINE DR. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COY, ORIN 13920 LEANING PINE DR. MIAMI LAKES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAKIW, JENNIFER 1101 SW 103 AVENUE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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15/22/06-80046-014 150.00

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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 807, 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: <u>Carol J. Coy</u> CAROL J. COY (Pres)	3/8/06 (305) 885-0075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #