

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 247284

1. Entity Name
ORLANDO GROVES INC



Principal Place of Business
**76 ISLA BAHIA DRIVE
FT. LAUDERDALE, FL 33316**

Mailing Address
**76 ISLA BAHIA DRIVE
FT. LAUDERDALE, FL 33316**



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
34-6524944

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 reinstating) DATE _____

**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**

1100000420873
02/16/06-80013-005 150.00

10. OFFICERS AND DIRECTORS:

TITLE PD
NAME FRIEDMAN, R.G.
STREET ADDRESS 76 ISLA BAHIA DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE D
NAME FRIEDMAN, E.S.
STREET ADDRESS 76 ISLA BAHIA DRIVE
CITY-ST-ZIP FORT LAUDERDALE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: R.G. Friedman R.G. Friedman

1/31/06
Date

954 761 3918
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR