

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # 282287

1. Entity Name
ORWALL ASSOCIATES, INC.



Principal Place of Business

**825 E. 49TH STREET
HIALEAH, FL 33013**

Mailing Address

**825 E. 49TH STREET
HIALEAH, FL 33013**

DO NOT WRITE IN THIS SPACE



01282008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1060481

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COY, CAROL
STREET ADDRESS	13920 LEANING PINE DR
CITY-ST-ZIP	MIAMI LAKES, FL
TITLE	TD
NAME	COY, ORIN
STREET ADDRESS	13920 LEANING PINE DR
CITY-ST-ZIP	MIAMI LAKES, FL
TITLE	SD
NAME	WAKIW, JENNIFER
STREET ADDRESS	1101 SW 103 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33025

U00000855496
03/28/08-80014-014 150.00

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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 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: *Carol Coy* **CAROL COY**

3-10-08

(305) 685-2851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #