

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90012 030 ***150.00

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1. Entity Name
TWELFTH ORLANDO CORP



Principal Place of Business

810 SEVENTH AVE 28TH FL
28TH FLOOR
NEW YORK, NY 10019

Mailing Address

810 SEVENTH AVE 28TH FL
28TH FLOOR
NEW YORK, NY 10019

24013771



02022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-2658645

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AGRAN, MARJORIE
15 BERMUDA LAKE DRIVE
PALM BEACH GARDENS, FL 33418

**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, 2004 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 ~~SAMUELS, WALTER R~~ BIRD OFF, RICHARD
STREET ADDRESS % RD MGMT. CORP. 810 7TH AVE., 28TH FL.
CITY-ST-ZIP NEW YORK, NY 10019

TITLE V
NAME SAVERESE, MARY A
STREET ADDRESS % RD MGMT. CORP., 810 7TH AVE., 28TH FL.
CITY-ST-ZIP NEW YORK, NY 10019

TITLE ST
NAME BIRD OFF, RICHARD
STREET ADDRESS % RD MGMT. CORP., 810 7TH AVE., 28TH FL
CITY-ST-ZIP NEW YORK, NY 10019

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

2/19/04