


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 372415 1. Entity Name ORO REALTY, INC.	
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Principal Place of Business 824 N W 9 AVENUE FORT LAUDERDALE, FL 33311	Mailing Address 824 N W 9 AVENUE FORT LAUDERDALE, FL 33311
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DO NOT WRITE IN THIS SPACE



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1461401	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent RUBIN, HYMAN 7739 SOUTH HAMPTON TERRACE #407 TAMARAC, FL 33321

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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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUBIN, HYMAN 7739 SOUTH HAMPTON TERRACE #407 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RUBIN, FAYE 7739 SOUTH HAMPTON TERRACE #407 TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUBIN, DAVID M 4450 NW 65TH TERR LAUDERHILL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUBIN, HOWARD B 9271 OAK GROVE CIRCLE DAVIE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/07-80047-011 150.00

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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: H. Rubin HYMAN RUBIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____