

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90025 013 \*\*\*150.00

<b>DOCUMENT # 553816</b>	
1. Entity Name <b>THE ORANGERY, INC.</b>	
Principal Place of Business <b>7448 NW 57 STREET TAMARAC, FL 33319-2101</b>	Mailing Address <b>7448 NW 57 STREET TAMARAC, FL 33319-2101</b>
2. Principal Place of Business <b>7443 NW 57 ST</b>	3. Mailing Address <b>7443 NW 57 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>TAMARAC FL</b>	City & State <b>TAMARAC FL</b>
Zip <b>33319</b>	Country
Zip <b>33319</b>	Country



02072005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1768862</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>PAONE, REBEKAH 7448 NW 57 STREET FORT LAUDERDALE, FL 33319</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>Singer, Alice</b> <b>7443 NW 57 ST</b> City <b>TAMARAC</b> FL Zip Code <b>33319</b>
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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 Alice Singer Alice Singer 2/8/05  
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDST SINGER, ALICE 7448 NW 57 STREET TAMARAC, FL 33319</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7443 NW 57 ST</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP FREEDMAN, MAURICE 7425 NW 57TH ST TAMARAC, FL 333192101</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>7443 NW 57 ST</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alice Singer Alice Singer 2/8/05 954-722-2550  
Signature + Typed or Printed Name DATE DAYTIME PHONE