


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # 554290 1. Entity Name ORPA INVESTMENTS, INC.	
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Principal Place of Business 3250 MARY STREET STE. 302 COCONUT GROVE, FL 33133 US	Mailing Address 3250 MARY STREET STE. 302 COCONUT GROVE, FL 33133 US
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01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2446187	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MURPHY, YVETTE G.
3250 MARY STREET
STE. 302
COCONUT GROVE, FL 33133

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D PARRA, JUAN 150 SUNRISE DR., APT. 4-B KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V/D PARRA, ENRIQUETA 150 SUNRISE DR., APT 4-B KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D ALVARADO, MARIO 1111 CRANDON BLVD.#C302 KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY - ST - ZIP	A/S MURPHY, YVETTE G. 3250 MARY STREET, STE. 302 COCNUT GROVE, FL 33133
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UN00000363244
05/05/05-80151-014 150.00

**DO NOT WRITE
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:  **2/23/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #