## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 554290**

1. Entity Name ORPA INVESTMENTS, INC.



FILED Apr 24, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

3250 MARY STREET

3250 MARY STREET

STE. 302

CITY-ST-ZIP

SIGNATURE:

COCONUT GROVE, FL 33133

STE. 302

DO NOT WRITE IN THIS SPACE

COCONUT GROVE, FL 33133

No Chg-P

CR2E034 (11/05)

04192006 No 4. FEI Number 59-2446187

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

VETTE C

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the plons of registered agent.	ourpose of changing its re	gistered office or r	egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_					
0.0	Signature, typed or printed name of registered agent and title	li applicable. (NOTE, R	egistered Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10.	OFFICERS AND DIREC	CTORS			
TITLE	P/D		ı		
NAME	PARRA, JUAN		ı		U00000524983
STREET ADDRESS	150 SUNRISE DR., APT. 4-B		I		05/04/06-80013-004 150.00
CITY-ST-ZIP	KEY BISCAYNE, FL 33149				
TATLE	V/D	, ,			
NAME	PARRA, ENRIQUETA				
STREET ADDRESS	150 SUNRISE DR., APT 4-B				
CITY-ST-ZIP	KEY BISCAYNE, FL 33149				
TITLE	S/D				
NAME	ALVARADO, MARIO		ı		
STREET ADDRESS	1111 CRANDON BLVD.#C302		ı	DΩ	NOT WRITE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149			DO	NOI WILL
TITLE	A/S			INI "	THIS SPACE
Name	MURPHY, YVETTE G.		ı	114	IIIIO OFACE
STREET ADDRESS	3250 MARY STREET, STE. 302		1		
CITY-ST-ZIP	COCNUT GROVE, FL 33133				
TITLE			I		
NAME			1		
STREET ADDRESS			I I		
CITY-ST-ZIP					
TITLE			i		
NAME			1		
STREET ADDRESS	·	•			

12. Thereby 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 flaper is true and apputate 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 traced enpowered 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 a degrees, with a lother like empowered.

AME OF SIGNING OFFICER OR DIRECTOR