2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State
04-22-2005 90265 029 ***150.00

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1. Entity Name
ORION INVESTMENT AND MANAGEMENT LTD. CORP.

Principal Place of Business	Mailing Address
9000 SW 152ND ST SUITE 106 MIAMI, FL 33157 US	P.O. BOX 560607 MIAMI, FL 33256 US

20041022

01202005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1845874
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY
9000 SW 152 ST
#102
MIAMI, FL 33156

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD
NAME	SANZ, JOSEPH
STREET ADDRESS	9000 SW 152 ST, #106
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	SVP
NAME	BUHRMASTER, NORMAN J
STREET ADDRESS	9000 SW 152 ST, #106
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	ST
NAME	SANZ, JOAN
STREET ADDRESS	9000 SW 152 ST, #106
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	AS
NAME	BROWN, B. M
STREET ADDRESS	9000 SW 152 ST, #106
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joseph A Sanz PD 4/16/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #