

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 595112**

1. Entity Name

ORLANDO WOODS ESTATES, INC.



Principal Place of Business  
2451 BRICKELL AVE 8 N  
MIAMI FL 33129

Mailing Address  
P.O. BOX 011773  
MIAMI FL 33101  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2339442

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVILA, MANUEL GARCIA  
2451 BRICKELL AVE 8N  
MIAMI FL 33129

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V ☐ Delete  
NAME GARCIA AVILA, MANUEL  
STREET ADDRESS PO BOX 011773  
CITY-ST-ZIP MIAMI FL 33101

TITLE S ☐ Delete  
NAME TORRES, EDUARDO  
STREET ADDRESS 2451 BRICKELL AVE 8 N  
CITY-ST-ZIP MIAMI FL 33129

TITLE VD ☐ Delete  
NAME DE ABREU, MANUEL DA CORTE  
STREET ADDRESS PISO 8 OFICINAAMANSOR  
CITY-ST-ZIP CARACAS, VENEZUELA

TITLE D ☐ Delete  
NAME DE ABREU, JOSE DA SILVA  
STREET ADDRESS PISO 8 OFICINAAMANSOR  
CITY-ST-ZIP CARACAS, VENEZUELA

TITLE P ☐ Delete  
NAME TORRES, EDUARDO  
STREET ADDRESS 2451 BRICKELL AVE 8 N  
CITY-ST-ZIP MIAMI FL 33129

TITLE D ☐ Delete  
NAME MARTINEZ, MANUEL HERMINIO  
STREET ADDRESS TORRE LAS DELICIAS 0D  
CITY-ST-ZIP CARACAS VENEZUELA

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS U000000031320  
CITY-ST-ZIP 02/04/04-80143-021 150.00

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #