

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**



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2339442** Applied For
Not Applicable

Zip Country Zip Country 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	GARCIA AVILA, MANUEL	
STREET ADDRESS	PO BOX 011773	
CITY-ST-ZIP	MIAMI FL 33101	
TITLE	S	<input type="checkbox"/> Delete
NAME	TORRES, EDUARDO	
STREET ADDRESS	2451 BRICKELL AVE 8 N	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DE ABREU, MANUEL DA CORTE	
STREET ADDRESS	PISO 8 OFICINAAMANSOR	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ABREU, JOSE DA SILVA	
STREET ADDRESS	PISO 8 OFICINAAMANSOR	
CITY-ST-ZIP	CARACAS, VENEZUELA	
TITLE	P	<input type="checkbox"/> Delete
NAME	TORRES, EDUARDO	
STREET ADDRESS	2451 BRICKELL AVE 8 N	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINEZ, MANUEL HERMINIO	
STREET ADDRESS	TORRE LAS DELICIAS 0D	
CITY-ST-ZIP	CARACAS VENEZUELA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U00000031320
CITY-ST-ZIP	02/04/04-80143-021 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *M Garcia Avila* 1/22/04 208579124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #