


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # 595112
1. Entity Name
ORLANDO WOODS ESTATES, INC.



Principal Place of Business Mailing Address
2451 BRICKELL AVE 8 N P.O. BOX 011773
MIAMI, FL 33129 MIAMI, FL 33101 US



02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2339442 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AVILA, MANUEL GARCIA
2451 BRICKELL AVE 8N
MIAMI, FL 33129

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

FILED 02/28/06-80005-1001 150.00

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: EDUARDO T. TORRES (P) 2/9/06 (305) 495-6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #