

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 595112

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: ORLANDO WOODS ESTATES, INC.

**Current Principal Place of Business:**

2451 BRICKELL AVE 8 N  
MIAMI, FL 33129

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 011773  
MIAMI, FL 33101 US

**New Mailing Address:**

FEI Number: 59-2339442      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: V ( ) Delete  
Name: GARCIA AVILA, MANUEL,  
Address: PO BOX 011773  
City-St-Zip: MIAMI, FL 33101

Title: S ( ) Delete  
Name: TORRES, EDUARDO  
Address: 2451 BRICKELL AVE 8 N  
City-St-Zip: MIAMI, FL 33129

Title: VD ( ) Delete  
Name: DE ABREU,MANUEL DA C, ORTE  
Address: PISO 8 OFICINAAMANSOR  
City-St-Zip: CARACAS, VENEZUELA,

Title: D ( ) Delete  
Name: DE ABREU,JOSE DA SIL, VA  
Address: PISO 8 OFICINAAMANSOR  
City-St-Zip: CARACAS, VENEZUELA,

Title: P ( ) Delete  
Name: TORRES, EDUARDO,  
Address: 2451 BRICKELL AVE 8 N  
City-St-Zip: MIAMI, FL 33129

Title: D ( ) Delete  
Name: MARTINEZ,MANUEL HERM, INIO  
Address: TORRE LAS DELICIAS 0D  
City-St-Zip: CARACASM VENEZUELA,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDUARDO TORRES

PRE

01/10/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date