

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 595112

FILED
Jan 29, 2009
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: CARACAS 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
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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 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 TOMAS TORRES RAMOS
Electronic Signature of Signing Officer or Director

PR.

01/29/2009

_____ Date