

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90247 019 ***150.00

05072895 AV

DOCUMENT #	F17973
1. Entity Name	
ORNA, INC.	

Principal Place of Business	Mailing Address
1250 E HALLANDALE BCH	1250 E HALLANDALE BCH BLVD
BLD 503	STE 503
HALLANDALE FL 33009	HALLANDALE FL 33009
US	US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. <i>Same</i>	143 Muirfield Suite, Apt. #, etc. Naples

City & State		City & State	
		FLA	
Zip	Country	Zip	Country
		34113	US

4. FEI Number	59-2064656	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MARKS, EVAN
100 SE 2ND ST
STE 2700
MIAMI FL 33131~~

7. Name and Address of New Registered Agent	
Name	Belina Nagar
Street Address (P.O. Box Number is Not Acceptable)	143 Muirfield Circle
City	Naples FL
	Zip Code 34103

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.

SIGNATURE /s/ [Signature] 4-24-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT NAGAR, JACOB 1001 N. FEDERAL HIGHWAY, #205 HALLANDALE FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST NAGAR, JACOB 1001 N. FEDERAL HIGHWAY, #205 HALLANDALE FL 33009 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1250 E. HALLANDALE BEACH BLVD #503 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1250 E. HALLANDALE BEACH BLVD. #503 HALLANDALE FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address with which I am empowered.

SIGNATURE: JACOB NAGAR 4-24-02 (941) 793-1080

CR2E034 (9/01)