2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 09, 2004 8:00 am DOCUMENT # F64890 **Secretary of State** 1. Entity Name 06-09-2004 90003 047 ***150.00 ORANGE RIDGE EAST INC. Principal Place of Business Mailing Address 6515 N.W. 22 AVENUE 6515 N.W. 22 AVENUE MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE City & State City & State 4. FEI Number Applied For 59-2447742 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 1111 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, JOHNNIE JR. Street Address (P.O. Box Number is Not Acceptable) 6515 N.W. 22 AVENUE **MIAMI FL 33142** 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition WILLIAMS, JOHNNIE JR. NAME NAME STREET ADDRESS 6515 N.W. 22 AVENUE STREET ADDRESS MIAMI FL 33142 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP --TITLE ☐ Delete ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered

12. 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 10 or Block 11 if

Attachment

GENTLEMEN

THIS IS A FORMAL REQUEST FOR ABATEMENT OF THE PENALTY OF THE PENALTY DUE WITH THE ATTACHED ANNUAL REPORT

DUE TO A CHANGE IN FILING AND BOOKEEPING SYSTEMS THE FORMS GOT MISFILED.

THANK YOU FOR YOUR CONSIDERATION ON THIS MATTER

JOHNNIE-WILLIAMS JR **PRES**

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