

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F93000001692
 1. Entity Name
 ROTUNDA PROPERTIES A.V.V. COMPANY



Principal Place of Business Mailing Address
 C/O ORION INVESTMENT C/O ORION INVESTMENT
 9000 S.W. 152ND ST STE 106 9000 S.W. 152ND ST STE 106
 MIAMI, FL 33157 MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 65-0246258 Not Applicable

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

6. Name and Address of Current Registered Agent
 BROWN, B. MACKAY ESQ
 WHITE & BROWN, P.A.
 9000 SW 152ND ST STE 102
 MIAMI, FL 33157

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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 _____ DATE _____
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
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	MD
NAME	GESTOR, AGENCIA F
STREET ADDRESS	48 L.G. SMITH BLVD.
CITY-ST-ZIP	ORANJESTAD, ARUBA,
TITLE	MD
NAME	GONZALEZ, HECTOR E
STREET ADDRESS	48 L.G. SMITH BLVD.
CITY-ST-ZIP	ORANJESTAD, ARUBA,
TITLE	D
NAME	SANZ, JOSEPH A
STREET ADDRESS	9000 SW 152ND ST STE 106
CITY-ST-ZIP	MIAMI, FL 33157
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: _____ 4-30-04 305-2788400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #