

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F96000005455**

1. Entity Name  
**ORON DEVELOPMENT UNION (USA) INC.**



Principal Place of Business  
**19461 NW 7TH ST  
PEMBROKE PINES, FL 33029**

Mailing Address  
**19461 NW 7TH ST  
PEMBROKE PINES, FL 33029**



03182004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-2117337**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**NTEKIM, ITA  
19461 NW 7TH ST.  
PEMBROKE PINES, FL 33029**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**000000094096  
03/22/04-80046-003 61.25**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**CD  
NTEKIM, ITA  
19461 NW 7TH ST  
PEMBROKE PINES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VST  
NTEKIM, KATHERINE  
19461 NW 7TH ST  
PEMBROKE PINES, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VD  
ABIA, DANIEL  
19210 NW 10 AVENUE  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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: ITA NTEKIM ITA NTEKIM 03/18/04 954 435-5668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #