


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F96000005455</b> 1. Entity Name ORON DEVELOPMENT UNION (USA) INC.	
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Principal Place of Business 19461 NW 7TH ST PEMBROKE PINES, FL 33029	Mailing Address 19461 NW 7TH ST PEMBROKE PINES, FL 33029
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04122005 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 <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  NTEKIM, ITA 19461 NW 7TH ST. PEMBROKE PINES, FL 33029
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

000000327448  
04/25/05-80038-001 150.00

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)(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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-19-05  
Date Daytime Phone #