

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005455

FILED
Jul 25, 2006
Secretary of State

Entity Name: ORON DEVELOPMENT UNION (USA) INC.

Current Principal Place of Business:

19461 NW 7TH ST
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

19461 NW 7TH ST
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 58-2117337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: NTEKIM, ITA
Address: 19461 NW 7TH ST
City-St-Zip: PEMBROKE PINES, FL

Title: VST () Delete
Name: NTEKIM, KATHERINE
Address: 19461 NW 7TH ST
City-St-Zip: PEMBROKE PINES, FL

Title: VD () Delete
Name: ABIA, DANIEL
Address: 19210 NW 10 AVENUE
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change () Addition
Name: NTEKIM, ITA
Address: 19461 NW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VST (X) Change () Addition
Name: NTEKIM, KATHERINE
Address: 19461 NW 7TH ST
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD (X) Change () Addition
Name: ABIA, DANIEL
Address: 19210 NW 10 AVENUE
City-St-Zip: MIAMI, FL 33165

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ITA NTEKIM

CD

07/25/2006

Electronic Signature of Signing Officer or Director

Date