

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G42084

FILED
Jan 23, 2009
Secretary of State

Entity Name: ORINOCOBEBACH PROPERTIES, INC.

Current Principal Place of Business:

6355 NW 36TH ST
#506
VIRGINIA GARDENS, FL 33166

New Principal Place of Business:

6355 NW 36TH ST
SUITE #506
VIRGINIA GARDENS, FL 33166

Current Mailing Address:

6355 NW 36TH ST
#506
VIRGINIA GARDENS, FL 33166 US

New Mailing Address:

6355 NW 36TH ST
SUITE #506
VIRGINIA GARDENS, FL 33166 US

FEI Number: 59-2376910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPENCER, THOMAS R., JR.
999 PONCE DE LEON BLVD STE 510
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: BARRIOLA, MIREN
Address: 6355 NW 36TH ST STE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: PTD () Delete
Name: OBREGON, CARLOS E
Address: 6355 NW 36TH ST STE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166

Title: V () Delete
Name: VILLORIA, ALEJANDRO
Address: 6355 NW 36TH ST STE 506
City-St-Zip: VIRGINIA GARDENS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS E. OBREGON

PTD

01/23/2009

Electronic Signature of Signing Officer or Director

Date