


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # J20005 1. Entity Name ORION FINANCIAL GROUP, INC.	
---	---

Principal Place of Business 1657 N TREASURE DRIVE #3 MIAMI BEACH, FL 33141 US	Mailing Address 1112 SW 1ST ST MIAMI, FL 33130-1011 US
--	--



DO NOT WRITE IN THIS SPACE

02242005 No Chg-P CR2E034 (10/03)

4. FCI Number 65-0077880	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERLEY, DAVID R., P.A.
% BERLEY & LITTMAN
1428 BRICKELL AVE. #202
MIAMI, FL 33131

**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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROMERO, HERNANDO 1657 N TREASURE DRIVE #3 MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALCOVER, GEORGINA M. 118 SOUTHWEST 11TH AVENUE, SUITE 3 MIAMI, FL 33141
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000359932
05/05/05-80012-023 150.00

**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 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:  P. 4/22/05 305-324-1519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____