

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # J45869

1. Entity Name
ORLANDO 2000, INC.



**FILED
Apr 28, 2005 8:00 am
Secretary of State**

04-28-2005 90191 028 ***158.75

1700



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2844849	Applied For
	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARCIA-VELEZ, CARLOS
336 E DANIA BCH BLVD
DANIA, FL 33004

**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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MICHA, DAVID
STREET ADDRESS 520 BRICKELL KEY DRIVE #305
CITY-ST-ZIP MIAMI, FL

TITLE V
NAME MICHA, MOISES
STREET ADDRESS 520 BRICKELL KEY DRIVE #305
CITY-ST-ZIP MIAMI, FL

TITLE S
NAME MICHA, ALBERTO
STREET ADDRESS 520 BRICKELL KEY DRIVE #305
CITY-ST-ZIP 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID MICHA 4/22/05

954-422-4881

Date

Daytime Phone #