

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J78532

Entity Name: ORO IMAGES, INC.

FILED
Apr 23, 2004
Secretary of State

Current Principal Place of Business:

PO BOX 1133
DADE CITY, FL 33526 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1133
DADE CITY, FL 335261133

New Mailing Address:

FEI Number: 59-2816796

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVARRO, JAMES
34721 BLANTON ROAD
DADE CITY, FL 33525 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: PD () Delete
Name: NAVARRO, JAMES,
Address: 34721 BLANTON ROAD
City-St-Zip: DADE CITY, FL 33525

Title: ST () Delete
Name: NAVARRO, JAMES,
Address: 34721 BLANTON ROAD
City-St-Zip: DADE CITY, FL 33525

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: NAVARRO, JAMES
Address: 34721 BLANTON ROAD
City-St-Zip: DADE CITY, FL 33525

Title: ST (X) Change () Addition
Name: NAVARRO, JAMES
Address: 34721 BLANTON ROAD
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES NAVARRO

PD

04/23/2004

Electronic Signature of Signing Officer or Director

_____ Date