2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

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SIGNATURE:

an address, with all other like empowered

Apr 07, 2005 08:00 AM Secretary of State DOCUMENT # J90362 1. Entity Name ORANGE CITRUS COMPANY Principal Place of Business Mailing Address 5620 AMERSHAM WAY BOCA RATON FL 33486 5620 AMERSHAM WAY BOCA RATON FL 33486 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. -Suite, Apt #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-2839500 Not Applicable Zip Country Zîp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LICHTENSTEIN, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 5620 AMERSHAM WAY **BOCA RATON FL 33486** Zip Code 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, typing or printed name of fegistered acent and title if equicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Change ☐ Addition LICHTENSTEIN, MICHAEL NAME NAME U00000291011 STREET ADDRESS 5620 AMESRHAM WAY TREE LADDRESS 04/07/05-80013-010 150.00 **BOCA RATON FL 33486** CITY-ST-ZIP MY-ST-ZIP DIL ☐ Delete Change ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CULY-SE ZIP CHY-SI-ZIP Delete HILL DITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS SIREF1 ADDRESS CHY-SI-ZIP CITY-ST-ZIP DINE Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CHY-SI-JIP CITY - ST-ZIP DUE Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP HILL Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY STATE CITY - ST - ZIP 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 of supplier entail 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 teether districts the empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

FILED