


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # J97338 1. Entity Name OR-TAM ENTERPRISES, INC.	
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Principal Place of Business C/O ROBERT ORIHUELA 7513 WEST WATERS AVENUE TAMPA, FL 33615	Mailing Address C/O ROBERT ORIHUELA 7513 WEST WATERS AVENUE TAMPA, FL 33615
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01172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0004663	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 ORIHUELA, GUILLERMO "JERRY" 2913 WEST HENRY AVENUE TAMPA, FL 33614	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV ORIHUELA, ROBERT 7001 N LOIS AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORIHUELA, ROBERT 4102 OAK LAWN COURT TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORIHUELA, GUILLERMO 2913 W HENRY TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/02/04-80068-012 150.00

**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)(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:  Roberto Orihuela 1/20/04 815-894-4069	Date	Daytime Phone #
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