

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90280 012 ***150.00

DOCUMENT # J97338

1. Entity Name
OR-TAM ENTERPRISES, INC.



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**

00043133



03012005 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 ☐ **\$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**

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
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

**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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #