

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

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

03-07-2005 90280 012 \*\*\*150.00

<b>DOCUMENT # J97338</b> 1. Entity Name <b>OR-TAM ENTERPRISES, INC.</b>	
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Principal Place of Business <b>C/O ROBERT ORIHUELA 7513 WEST WATERS AVENUE TAMPA, FL 33615</b>	Mailing Address <b>C/O ROBERT ORIHUELA 7513 WEST WATERS AVENUE TAMPA, FL 33615</b>
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00063133



03012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0004663</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**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 \_\_\_\_\_ (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	
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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:** *Robert Orihuela* *3/7/05* *J. Perry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #