2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 19, 2004 08:00 AM
Secretary of State

DOCUMENT # K10914

1. Entity Name
ORLIAN ENTERPRISES, INC.

Principal Place of Business	Mailing Address
17200 SHADDOCK LANE BOCA RATON, FL 33487	17200 SHADDOCK LANE BOCA RATON, FL 33487

DO NOT WRITE IN THIS SPACE

08162004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0024934
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ORLIAN, ALVIN E.
17200 SHADDOCK LN.
BOCA RATON, FL 33487

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000170390
08/19/04-80001-018 550.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ORLIAN, ALVIN
STREET ADDRESS	17200 SHADDOCK LN.
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	DVS
NAME	ORLIAN, BARBARA
STREET ADDRESS	17200 SHADDOCK LN.
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ 8/16/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #