## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 21, 2005 08:00 AM DOCUMENT # K47529 **Secretary of State** 1. Entity Name ORFELY ENTERPRISES INC. Mailing Address Principal Place of Business 14621 BALGOWAN RD 14621 BALGOWAN RD MIAMI LAKES FL 33016 MIAMI LAKES FL 33016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 65-0093583 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ORFELY, GEORGE P. Street Address (P.O. Box Number is Not Acceptable) 14621 BALGOWAN RD #204 MIAMI LAKES FL 33016 Zíp Code FL 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, typod or printed name of registered agent and little if applicable DATE FNOTE Registered Agent signature required when reinstaling? FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550,00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition THE ☐ Change TITLE Delete NAME NAME ORFELY, GEORGE U00000236956 14621 BALGOWAN RD STE 204 STREET ADDRESS STREET ADDRESS 02/21/05-80041-002 150.00 CITY-ST-ZIP MIAMI LAKES FL 33016 C.FY-ST-7IP ☐ Addition Change TITLE TITLE Delete ORFELY, JOSEPH STABLE NAME STREET ADDRESS 14621 BALGOWAN RD STE 204 STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33016 THE Change ☐ Addition ☐ Delete TITLE NAME NAME ORFELY, MATTHEW STREET ADDRESS STREET ADDRESS 14621 BALGOWAN RD STE 204 CHY-ST-7IP CITY-ST-ZIP MIAMI LAKES FL 33016 TITLE Change ☐ Addition THILE ☐ Defete ORFELY, PAT NAME NAME 14621 BALGOWAN RD STE 204 STREET ADDRESS STREET ADDRESS MIAMI LAKES FL 33016 CHTY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Defete $uu\epsilon$ HDF NAME STREET ADDRESS STREET ADDRESS CITY-Si-ZIP CITY ST-ZIP Change ☐ Addition $III_{t}F$ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY ST ZIP 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)(f). 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 DIRECT

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