2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90019 004 ****50.00

DOCUMENT # L05000054792

1. Entity Name
ORC PROFESSIONALS LLC

Principal Place of Business	Mailing Address
3320 MAPLE LANE DAVIE, FL 33328	3320 MAPLE LANE DAVIE, FL 33328

2. Principal Place of Business		3. Mailing Address	
16171 Blatt Blvd		16171 Blatt Blvd.	
Suite, Apt. #, etc. Unit 309		Suite, Apt. #, etc. Unit 309	
City & State Weston, Fl		City & State Weston, Fl	
Zip 33326	Country USA	Zip 33326	Country USA

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3353103 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE LAW OFFICES OF JOSE C MARRERO 1820 N CORPORATE LAKES BLVD SUITE 105 WESTON, FL 33326	Name: Olga Cayon Street Address (P.O. Box Number is Not Acceptable): 16171 Blatt Blvd, #309 City: Weston FL Zip Code: 33326

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] Olga Cayon 4/21/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAYON, OLGA M 3320 MAPLE LANE DAVIE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAYON Olga 16171 Blatt Blvd, #309 Weston, Fl 33326	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAYON, ROMAN R 3320 MAPLE LANE DAVIE, FL 33328	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAYON ROMAN R. 16171 Blatt Blvd, #309 Weston, Fl 33326	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Olga Cayon 4/21/06 305-608-4799
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #