


Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90020 038 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M43459 1. Entity Name ORMA & SONS, INC.	
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Principal Place of Business 601 BICKELL KEY DR SUITE 201 MIAMI, FL 33137	Mailing Address 601 BICKELL KEY DR SUITE 201 MIAMI, FL 33137
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00000001



01042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEE Number 59-2749987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUTIERREZ, RENALDY
601 BRICKELL KEY DR., 201
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

I, the above named entity submit 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 agents.

SIGNATURE _____
Signature must be signed and approved by the filer and the filer. Registered Agent Signature required when necessary.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	3. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP ALGUNA ORLANDO 1901 BRICKELL AVE., APT. 1008 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	AS GUTIERREZ, RENALDY J 601 BRICKELL KEY DR STE 201 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied in this report does not qualify for the exemptions mentioned in Chapter 119, 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 or 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: _____ **MARCH 26/08** **305/577.4500**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Calling Phone