


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 28, 2006 08:00 AM
Secretary of State**

DOCUMENT # M44159 1. Entity Name ORLA, INC.	
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Principal Place of Business C/O DACAR MANAGEMENT LLC 336 E DANIA BCH BLVD DANIA, FL 33004	Mailing Address C/O DACAR MANAGEMENT LLC 336 E DANIA BCH BLVD DANIA, FL 33004
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04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2771826	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GARCIA-VELEZ, CARLOS 336 E DANIA BCH BLVD DANIA, FL 33004
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**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP MICA, ALBERTO 520 BRICKELL KEY DR #305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MICA, MOISES 520 BRICKELL KEY DR #305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MICA, DAVID 520 BRICKELL KEY DR #305 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/10/06-80001-015 158.75

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: _____ 4/20/06 954-927-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #