2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2007 8:00 am Secretary of State

DOCUMENT # M86636 1. Entity Name ORANGE INSURANCE SERVICES INC.						07-09-2007	90044 034 *	**150	0.00	
Principal Place of Business Mailing Address 221 EAST 9TH SREET 221 EAST 9TH STREET HIALEAH, FL 33010 US HIALEAH, FL 33010 US						- - 1 (8778 8718 87180 1718 811	IL BEBE BISH SISH DISH	- 83811 - B I J ÍÍ	PEI (1 PEI	
Principal Place of Business - No P.O. Box # 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07032007	Chg-P	CR2E034 (1	12/06)			
City & State		City & State			4. FEI Numb			-	plied For t Applicable	
Zip	Country	Zip	Country			of Status Desired		75 Add Required	itional	
	6. Name and Address of Curren	t Registered Agent	<u> </u>]	7. Name and	Address of New F			-	
		7. Name and Address of New Registered Agent Name								
PEREZ, ESPERANZA 11521 NW 58 PLACE HIALEAH, FL 33012				Street Address (P.O. Box Number is Not Acceptable)						
,				City			FL Z	Zip Code)	
The above named entity submits this statement for the purpose of changing its register				ad office or register						
	triamed entity submits this statement in the statement in	or the purpose of changing its	register	ed dilice or register	red agent, or bo	uii, iri trie State of Fr	onua. Tam iassiii	zi wius, a	and accept	
SIGNATURE_	Signature, typed or printed name of registered agen	it and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE			
	LE NOWIII FEE IS \$150.00 ue by September 14, 2007	9. Election Campa Trust Fund Cont	_		.00 May Be led to Fees	In accordance of corporation did				
		i								
.10.	OFFICERS AND	D DIRECTORS	11.		ADDITIONS	CHANGES TO OFF	FICERS AND DIR	ECTORS	S IN 11	
.10.	PD	D DIRECTORS Delete	11. TITU	E	ADDITIONS	CHANGES TO OFF		ECTORS Change	IN 11	
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I nereby certify that the information supplied with this tiling 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 trusteer 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 AND TOPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR