

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90052 039 ****61.25

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01122005 Chg-NP CR2E037 (10/03)

DOCUMENT # N0000002490
 1. Entity Name
REDLAND ORCHID FESTIVALS, INC.



Principal Place of Business
 26505 SW 203 AVE
 HOMESTEAD, FL 33031

Mailing Address
 P O BOX 924243
 HOMESTEAD, FL 33092-4243

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-1025982	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

RANDALL, ROBERT
 26505 SW 203 AVE.
 HOMESTEAD, FL 33031

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D NAME BRETSNYDER, LYNN STREET ADDRESS 14400 SW 248 STREET CITY-ST-ZIP PRINCETON, FL 33032	<input type="checkbox"/> Delete	TITLE VPD NAME JOSE EXPOSITO STREET ADDRESS 25750 S.W. 177 AVE CITY-ST-ZIP HOMESTEAD, FL. 33031	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME PERERS, BILL STREET ADDRESS 18755 SW 248 STREET CITY-ST-ZIP HOMESTEAD, FL 33031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME RANDALL, ROBERT STREET ADDRESS 26505 SW 203 AVE CITY-ST-ZIP HOMESTEAD, FL 33031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME CAMERON, KEN STREET ADDRESS 26620 SW 203 AVE CITY-ST-ZIP HOMESTEAD, FL 33031	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BALDAN, BARBARA STREET ADDRESS 20075 SW 180 AVE CITY-ST-ZIP HOMESTEAD, FL 33187	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MOJES, MARTIN STREET ADDRESS 25000 SW 162 AVE CITY-ST-ZIP HOMESTEAD, FL 33031.	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Ken Cameron Ken CAMERON **2/11/05 (305) 246-2473**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #