


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N02000001644</b> 1. Entity Name ORLANDOENSPANOL.COM, INCORPORATED						<b>FILED</b>  04 APR 30 PM 12:22  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1107 N MABBETTE STREET KISSIMMEE, FL 34741				Mailing Address 1107 N MABBETTE STREET KISSIMMEE, FL 34741			
2. Principal Place of Business 6220 S Orange Blossom Tr. Suite, Apt. #, etc. Suite 175 City & State Orlando, FL Zip 32809		3. Mailing Address 6220 S Orange Blossom Tr. Suite, Apt. #, etc. Suite 175 City & State Orlando, FL Zip 32809		4. FEI Number 01-0618873		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  CASTILLO, CRUZ E 365 BUTTONWOOD DRIVE KISSIMMEE, FL 34743					
7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) 6220 S Orange Blossom Tr Suite 175 City Orlando FL Zip 32809		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 <span style="float: right;">KH</span> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		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			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTILLO, CRUZ E 365 BUTTONWOOD DRIVE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CASTILLO, CRUZ E PO Box 420748 KISSIMMEE, FL 34742		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUEVEDO, JOSE 365 BUTTONWOOD DRIVE KISSIMMEE, FL 34743	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	QUEVEDO, JOSE PO Box 420748 KISSIMMEE, FL 34742		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEER WILLIAMS, AUDREY 2415 MARCASITE LOOP KISSIMMEE, FL 34743	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	500035849385 05/11/04--01019--021 **122.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: 				4-30-04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			