

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001644

FILED
Sep 01, 2006
Secretary of State

Entity Name: ORLANDOENESPANOL.COM, INCORPORATED

Current Principal Place of Business:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 175
ORLANDO, FL 32809

New Principal Place of Business:

Current Mailing Address:

6220 S. ORANGE BLOSSOM TRAIL
SUITE 175
ORLANDO, FL 32809

New Mailing Address:

FEI Number: 01-0618873 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CASTILLO, CRUZ E
6220 S. ORANGE BLOSSOM TRAIL
SUITE 175
ORLANDO, FL 32809 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTILLO, CRUZ E
Address: P.O. BOX 420748
City-St-Zip: KISSIMMEE, FL 34742

Title: D () Delete
Name: MERINO, ERIKA
Address: P.O. BOX 420748
City-St-Zip: KISSIMMEE, FL 34742

Title: D () Delete
Name: FERNANDES, ELIZABETH
Address: PO BOX 420748
City-St-Zip: KISSIMMEE, FL 34742

Title: D () Delete
Name: AZNAR, RAMON
Address: PO BOX 420748
City-St-Zip: ORLANDO, FL 34742

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTILLO, CRUZ E
Address: 239 TIMBERCREEK PINES CIRCLE
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MARTINEZ, THOMAS
Address: PO BOX 420748
City-St-Zip: KISSIMMEE, FL 34742

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRUZ E CASTILLO

PD

09/01/2006

Electronic Signature of Signing Officer or Director

Date