


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 08:00 A
Secretary of State

DOCUMENT # N04000002753	
1. Entity Name ORGANIZACION ORQUIDEA USA INC.	

Principal Place of Business 308 NE 6T H TERRACE CAPE CORAL, FL 33907	Mailing Address 308 NE 6T H TERRACE CAPE CORAL, FL 33907
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DO NOT WRITE IN THIS SPACE



01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 20-0863306	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

**JIMENEZ, FREDDY
308 NE 6TH TERRACE
CAPE CORAL, FL 33909**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE PD	JIMENEZ, FREDDY
NAME	308 NE 6TH TERRACE
STREET ADDRESS	CAPE CORAL, FL 33909
CITY-ST-ZIP	
TITLE VD	PATINO, ADRIANA
NAME	308 NE 6TH TERR
STREET ADDRESS	CAPE CORAL, FL 33909
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

1100000563353
05/20/06-80009-002 61.25

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #