
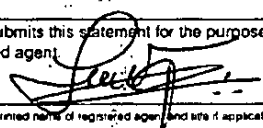
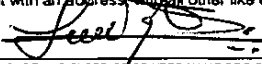


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 16, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90275 006 \*\*\*\*75.00

<b>DOCUMENT # N97000004552</b> 1. Entity Name <b>ORANIA SOCIETY INCORPORATED</b>					
Principal Place of Business <b>1033 CORAL WAY CORAL GABLES FL 33134</b>				Mailing Address <b>1033 CORAL WAY CORAL GABLES FL 33134</b>	
2. Principal Place of Business <b>1033 CORAL WAY</b>		3. Mailing Address <b>1033 CORAL WAY</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>CORAL GABLES, FL.</b>		City & State <b>CORAL GABLES, FL.</b>		4. FEI Number <b>65-0773846</b>	
Zip <b>33134</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>VARGAS, LORENZO M DR. 2430 INDIAN MOUND TRAIL CORAL GABLES FL 33134</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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  <b>LORENZO M. VARGAS</b> <b>MAY 08, 2005</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> <span style="float: right;"><small>DATE</small></span>					
<b>FILE NOW FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to:</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/C <b>VARGAS, LORENZO M</b> <b>1033 CORAL WAY</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T <b>REATEGUI, CARLOS</b> <b>16624 SW 91 TERR.</b> <b>MIAMI FL 33196</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S <b>VERA, JESUS V</b> <b>1033 CORAL WAY</b> <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>MARCHINI, JUAN JR</b> <b>7352 NW 34 STREET</b> <b>MIAMI FL 33122</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CAMACHO, BRAYN</b> <b>4127 LIBERTY AVENUE-"D"</b> <b>NORTH BERGEN NJ 07047</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CAMACHO, GREGORY</b> <b>4127 LIBERTY AVENUE-"D"</b> <b>NORTH BERGEN NJ 07047</b>	<input type="checkbox"/> Delete			
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:  <b>LORENZO M. VARGAS</b> <b>MAY 08, 2005 (305) 667-0725</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <span style="float: right;"><small>Date Daytime Phone #</small></span>					



1st MOORE CR2E037 (10/04)