

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000003008

FILED  
Mar 17, 2005  
Secretary of State

Entity Name: ORPHANS OF THE AMERICAS, INC.

## Current Principal Place of Business:

ONE SE THIRD AVE.,STE.2200  
MIAMI, FL 33131

## New Principal Place of Business:

2525 PONCE DE LEON, STE 400  
C/O ROBERT B MACAULAY  
MIAMI, FL 33134

## Current Mailing Address:

JBC SJO. NO. 6061  
BOX 025240  
MIAMI, FL 33102

## New Mailing Address:

FEI Number: 65-0919929      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MACAULAY, ROBERT B  
ONE SE THIRD AVE.,STE.2200  
MIAMI, FL 33131      US

## Name and Address of New Registered Agent:

MACAULAY, ROBERT B  
2525 PONCE DE LEON, SUITE 400  
MIAMI, FL 33134      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: \_\_\_\_\_

03/17/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD      ( ) Delete  
Name: LIZANO, AMELIA  
Address: ONE SE THIRD AVE.,STE.2200  
City-St-Zip: MIAMI, FL 33131

Title: SD      ( ) Delete  
Name: MORENO, ROCIO  
Address: ONE SE THIRD AVE.,STE.2200  
City-St-Zip: MIAMI, FL 33131

Title: TD      ( ) Delete  
Name: JENKINS, FEDERICO  
Address: ONE SE THIRD AVE.,STE.2200  
City-St-Zip: MIAMI, FL 33131

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: FEDERICO JENKINS

TD

03/17/2005

Electronic Signature of Signing Officer or Director

Date