

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90100 028 \*\*\*150.00

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02032007 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P00000047090</b> 1. Entity Name <b>OROSHIK INVESTMENTS, INC.</b>					
Principal Place of Business <b>5502 N.W. 37 AVENUE MIAMI, FL 33142</b>			Mailing Address <b>5502 N.W. 37 AVENUE MIAMI, FL 33142</b>		
2. Principal Place of Business - No P.O. Box # <b>1820 Bay Road</b>		3. Mailing Address <b>1820 Bay Road</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Miami Beach, FL</b>		City & State <b>Miami Beach, FL</b>		4. FEI Number <b>65-1068006</b>	
Zip <b>33139</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>OROSHIK, SAMUEL 5502 N.W. 37 AVENUE MIAMI, FL 33142</b>			7. Name and Address of New Registered Agent Name <b>Miriam Oroshnik</b> Street Address (P.O. Box Number is Not Acceptable) <b>5502 N.W. 37 Avenue</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33142</b>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OROSHIK, SAMUEL 5502 N.W. 37 AVENUE MIAMI, FL 33142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD OROSHIK, ROSE 5502 N.W. 37 AVENUE MIAMI, FL 33142	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD OROSHIK, MIRIAM 5502 N.W. 37 AVENUE MIAMI, FL 33142	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Oroshnik, Samuel 1820 Bay Road Miami Beach, FL 33139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Miriam Oroshnik 5502 N.W. 37 Avenue Miami, FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 607, 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: <u><i>Miriam Oroshnik</i></u> <span style="float: right;">X 3/20/07 X</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					