## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Mar 27, 2007 8:00 am **Secretary of State** DOCUMENT # P00000078655 1. Entity Name 03-27-2007 90014 016 \*\*\*150.00 OROTEX NORTH AMERICA, INC. Principal Place of Business Mailing Address 3725 NW 71ST ST 3725 NW 71ST ST BAYS 104 & 105 MIAMI FL 33147 BAYS 104 & 105 MIAMI FL 33147 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number City & State Applied For 65-1043527 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARB CHAMOUN, ELIE ANTOINE Street Address (P.O. Box Number is Not Acceptable) 3725 NW 71 STREET BAYS 104 & 105 MIAMI FL 33147 City Zip Code 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 it applicable. (NOTE: Registered Agent signature required which reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE Change Delete ☐ Addition HARB CHAMOUN, ELIE ANTONIE NAME NAME 3725 NW 71ST STREET, BAYS 104 & 105 STREET ADDRESS STREET ADDRESS **MIAMI FL 33147** CHY-SI-7P CHY-SI-ZIP THE ☐ Delete TITLE Addition Alexandra, Varela E 3-725-NW 71 Street NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY ST-7IP THE ☐ Delete ☐ Change ☐ Addition MARAI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP ☐ Delele THIE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - S1-ZIP CITY ST-ZIP ☐ Delcle ☐ Change ☐ Addition NAME NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP DHE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 1.19. 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 exportation 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:

FILED