

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # P00000097538

1. Entity Name  
ORLANDO MENU COVERS, INC.



Principal Place of Business      Mailing Address  
999 W.LANCASTER RD      999 W.LANCASTER RD  
UNIT #1      UNIT #1  
ORLANDO, FL 32809      ORLANDO, FL 32809

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**



04132005      No Chg-P      CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
52-2273949      Not Applicable

5. Certificate of Status Desired      ☐      \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CUCALON, FABIO  
955 W.LANCASTER ROAD  
UNIT #2  
ORLANDO, FL 32809

**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]*  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: 4-26-05

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE      PST  
NAME      CUCALON, FABIO  
STREET ADDRESS      999 W.LANCASTER RD UNIT #1  
CITY - ST - ZIP      ORLANDO, FL 32809

TITLE  
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0000000342175

04/29/05-80041-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 4-20-05

Daytime Phone #