

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91153 028 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000039336

1. Entity Name
RORIMA INVESTMENTS, INC.



11040687

Principal Place of Business
 7305 CHERRY LAUREL DRIVE
 ORLANDO, FL 32835

Mailing Address
 7305 CHERRY LAUREL DRIVE
 ORLANDO, FL 32835

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3712703

Applied For
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FOWLER, ANDREW
7305 CHERRY LAUREL DRIVE
ORLANDO, FL 32835

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE PD Delete
 NAME **FOWLER, ANDREW**
 STREET ADDRESS **7305 CHERRY LAUREL DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE STD Delete
 NAME **FOWLER, PRAMELA**
 STREET ADDRESS **7305 CHERRY LAUREL DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32835**

TITLE Delete
 NAME
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

Andrew Fowler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 30/03
 Date

(407) 521-2171
 Daytime Phone #

CR2E034 (10/02)