2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2002 8:00 AM
Secretary of State

DOCUMENT# P01000044797

Entity Name: ORFA INTERNATIONAL, INC.

Current Principal Place of Business:

16115 SW 117 AVE STE 25
MIAMI, FL 33177

New Principal Place of Business:

9137 SW 130 LANE
MIAMI, FL 33176

Current Mailing Address:

16115 SW 117 AVE STE 25
MIAMI, FL 33177

New Mailing Address:

9137 SW 130 LANE
MIAMI, FL 33176

FEI Number: 59-2717403 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABERCROMBIE, WRAY
16115 SW 117 AVE STE 25
MIAMI, FL 33177

Name and Address of New Registered Agent:

ROSIER, LYNNE
9137 SW 130 LANE
MIAMI, FL 33176

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: LYNNE ROSIER 01/14/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: PD ( ) Delete
Name: ABERCROMBIE, WRAY
Address: 16115 SW 117 AVE STE 25
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA ( ) Change (X) Addition
Name: ROSIER, LYNNE
Address: 9137 SW 130 LANE
City-St-Zip: MIAMI, FL 33176

Title: SEC ( ) Change (X) Addition
Name: ROSIER, LYNNE
Address: 9137 SW 130 LANE
City-St-Zip: MIAMI, FL 33176

Title: VP ( ) Change (X) Addition
Name: ROSIER, LYNNE
Address: 9137 SW 130 LANE
City-St-Zip: MIAMI, FL 33176

Title: PD (X) Change ( ) Addition
Name: ROSIER, LYNNE
Address: 9137 SW 130 LANE
City-St-Zip: MIAMI, FL 33176

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNNE ROSIER PD 01/14/2002
Electronic Signature of Signing Officer or Director Date