2007 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 09, 2007 8:00 am
Secretary of State
04-09-2007 90088 038 ***150.00

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04062007 Chg-P CR2E034 (12/06)

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1. Entity Name
ORALVA INTERNATIONAL GROUP, CORP.

Principal Place of Business	Mailing Address
1681 N.W. 79 AVE. MIAMI, FL 33126	780 N.W. 42 AVE. 416 MIAMI, FL 33126

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
133 WEST 22 ST.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HIALEAH, FL	City & State
Zip: 33010 Country:	Zip: Country:

4. FEI Number: 65-1144402 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAZZA-MARTINEZ, TANIA A. 782 NW 42ND AVE., SUITE 637 MIAMI, FL 33126	Name: CELLI, MIGUEL A. Street Address (P.O. Box Number is Not Acceptable): 11184 NW 73rd ST. City: MIAMI, FL. FL Zip Code: 33178

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 X [signature] MIGUEL A. CELLI 04/06/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CELLI, MIGUEL A 1681 N.W 79 AVE. MIAMI, FL 33126	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CELLI, MIGUEL A. 11184 NW 73rd ST. MIAMI, FL. 33178	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: X [signature] MIGUEL A. CELLI, DIR. 4/06/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #