

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

DOCUMENT # P01000079845

1. Entity Name  
THE ORANGE BLOSSOM NETWORK, INC.



04-30-2007 90788 001 \*\*\*150.00

04-30-2007 90788 002 \*\*\*150.00

Principal Place of Business Mailing Address  
~~1610 LENOX AVE~~ 701 4th ST 1610 LENOX AVE 701 4th ST  
506 200 506 200  
MIAMI BCH, FL 33139 MIAMI BCH, FL 33139

66012057

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
701 4th ST ← SAME  
Suite, Apt. #, etc. Suite, Apt. #, etc.



02092007 Chg-P CR2E034 (12/06)

City & State City & State  
MIAMI BEACH FL  
Zip Country Zip Country  
33139 USA

4. FEI Number Applied For  
75-3115201 Not Applicable

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

6. Name and Address of Current Registered Agent  
SILVERTHORNE, ANDREA  
1610 LENOX AVE 701 4th ST  
506 SUITE 200  
MIAMI BCH, FL 33139 MIAMI BEACH FLORIDA  
33139

7. Name and Address of New Registered Agent  
Name SAME NAME AS BEFORE  
Street Address (P.O. Box Number is Not Acceptable)  
701 4th STREET  
SUITE 200  
City MIAMI BEACH FL Zip Code 33139

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 ANDREA SILVERTHORNE DATE 4-24-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SILVERTHORNE, ANDREA		NAME		
STREET ADDRESS	1610 LENOX AVE 701 4th STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH, FL 33139 MIAMI BEACH FLA		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: ANDREA SILVERTHORNE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-24-07 Daytime Phone # 305 322-4055

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000079845		
1. Entity Name THE ORANGE BLOSSOM NETWORK, INC.		

ATTACHMENT

66012057

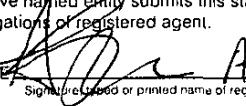
Principal Place of Business <del>4610 LENOX AVE</del> <del>506</del> MIAMI BCH, FL 33139	101 4th ST 200 MIAMI BCH, FL 33139	Mailing Address <del>1610 LENOX AVE</del> <del>506</del> MIAMI BCH, FL 33139
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2. Principal Place of Business - No P.O. Box # 101 4th ST		3. Mailing Address	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc.	
City & State MIAMI BEACH FLA		City & State	
Zip 33139	Country	Zip	Country

02092007		Chg-P	CR2E034 (12/06)
4. FEI Number 75-3115201		Applied For Not Applicable	
5. Certificate of Status Desired		8.75 Additional Fee Required	


6. Name and Address of Current Registered Agent SILVERTHORNE, ANDREA 1610 LENOX AVE 506 MIAMI BCH, FL 33139	
101 4th Street 200 MIAMI BEACH, FLA	

7. Name and Address of New Registered Agent Name: ANDREA SILVERTHORNE Street Address (P.O. Box Number is Not Acceptable): 101 4th STREET 200 City: MIAMI BEACH FL Zip Code: 33139	
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SIGNATURE:  ANDREA SILVERTHORNE	DATE: 4-24-07

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SILVERTHORNE, ANDREA <del>4610 LENOX AVE</del> 101 4th ST MIAMI BCH, FL 33139 Suite 200	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: 	DATE: 4-24-07 305 322-4055