


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90259 020 \*\*\*150.00

<b>DOCUMENT # P02000019910</b>	
1. Entity Name ORAZAL REAL ESTATE INVESTMENTS CO.	

Principal Place of Business 4141 SW 6TH STREET MIAMI, FL 33134	Mailing Address 4141 SW 6TH STREET MIAMI, FL 33134
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34060001



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 351597 Suite, Apt. #, etc.
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04062004 Chg-P CR2E034 (10/03)

City & State Miami, FL	City & State Miami, FL
Zip 33135	Country USA

4. FEI Number 01-0603063	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent FRAGA, LAZARO 4141 SW 6TH STREET MIAMI, FL 33134		7. Name and Address of New Registered Agent Name FRAGA LAZARO Street Address (P.O. Box Number is Not Acceptable) 4131 SW 6th Street City Miami FL Zip Code 33134	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAGA, LAZARO MD 809 CORAL WAY CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	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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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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: FRAGA 4/7/04 305-443-5031  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #