2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2008
Secretary of State

DOCUMENT# P02000053161

Entity Name: ORENSE COMPANY

Current Principal Place of Business:

P.O. BOX 1317
KEY BISCAYNE, FL 33149

New Principal Place of Business:

5900 SW 73 STREET
SUITE 201
MIAMI, FL 33143

Current Mailing Address:

P. O. BOX 1317
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 98-0040250 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FREED, OWEN S
150 WEST FLAGLER STREET
SUITE 2200
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GUARDAZZI, REMIR F	
Address:	781 CRANDON BLVD. #701	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	S	( ) Delete
Name:	FREED, OWEN S	
Address:	150 WEST FLAGLER STREET #2200	
City-St-Zip:	MIAMI, FL 33130	
Title:	VPD	( ) Delete
Name:	GUARDAZZI, SERGIO R	
Address:	781 CRANDON BLVD #701	
City-St-Zip:	KEY BISCAYNE, FL 33149	
Title:	D	( ) Delete
Name:	GUARDAZZI, REMO	
Address:	781 CRANDON BLVD #701	
City-St-Zip:	KEY BISCAYNE, FL 33149	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: REMIR F. GUARDAZZI PD 01/16/2008

Electronic Signature of Signing Officer or Director — Date