


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # P02000061615 1. Entity Name SZ INVESTMENTS OF ORLANDO, INC.	
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Principal Place of Business 255 SOUTH ORANGE AVE., STE. 800 ORLANDO, FL 32801	Mailing Address 255 SOUTH ORANGE AVE., STE. 800 ORLANDO, FL 32801
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DO NOT WRITE IN THIS SPACE



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3679843	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent RAJASEKHAR, KANDOTH U 4531 VILAGEWOOD DR. ORLANDO, FL 32835
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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 renating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000784689 01/16/08-80064-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALZAWAWI, SIHAM P.O. BOX 401, JAHROO, POSTAL CODE 114 SULTANATE OF OMAN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT RAJASEKHAR, K.U. 4531 VILLEYWOOD DR ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MACKINNON, ALEXANDER C 255 S ORANGE AVE, SUITE 800 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Michael J. Lee* 1/10/2008 407-843-7300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #