

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000072524

1. Entity Name
CHRISDA CORPORATION OF ORLANDO



Principal Place of Business

**8850 S ORANGE BLOSSOM TR
ORLANDO, FL**

Mailing Address

**8850 S ORANGE BLOSSOM TR
ORLANDO, FL**



05172005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3052101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SULLIVAN, KAREN M ESQ
100 W CYPRESS CREEK RD STE 910
FT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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

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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FANDINO, DIEGO
STREET ADDRESS	3457 N HIATUS RD
CITY- ST- ZIP	SUNRISE, FL 33351
TITLE	D
NAME	GONZALEZ, JUAN
STREET ADDRESS	5406 HANSEL AVE
CITY- ST- ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000369514
06/13/05-80001-007 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 of Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #