

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000073180**

1. Entity Name  
**ORANGE LAKES DEVELOPMENT, INC.**



Principal Place of Business  
**14600 SW 136 STREET  
MIAMI, FL 33186**

Mailing Address  
**111 SW 3RD STREET  
SIXTH FLOOR  
MIAMI, FL 33130**



02212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-3643795**

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, ELLIOTT  
SIXTH FLOOR MCCORMICK BUILDING  
111 S.W. 3RD STREET  
MIAMI, FL 33130**

**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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GARCIA-CARRILLO, MICHAEL  
STREET ADDRESS 14600 SW 136 ST  
CITY-ST-ZIP MIAMI, FL 33186

TITLE VD  
NAME CASTELLANOS, RAY  
STREET ADDRESS 14600 SW 136 ST  
CITY-ST-ZIP MIAMI, FL 33186

TITLE PD  
NAME GARCIA-CARRILLO, PEDRO  
STREET ADDRESS 14600 SW 136 ST  
CITY-ST-ZIP MIAMI, FL 33186

TITLE TD  
NAME GARCIA-CARRILLO, PEDRO JR.  
STREET ADDRESS 14600 SW. 138 ST  
CITY-ST-ZIP MIAMI, FL 33186

TITLE S  
NAME HARRIS, ELLIOTT  
STREET ADDRESS 111 SW 3RD STREET 6TH FLOOR  
CITY-ST-ZIP MIAMI, FL 33130

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DUPLICATE 7414  
03/17/05-80070-001 158.75

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ELLIOTT HARRIS**

**3/15/05 305-358-0146**

Date

Daytime Phone #