


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P02000074522 1. Entity Name ORESURY, INC. |  |
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| Principal Place of Business 4220 S.W. 143RD AVENUE MIAMI, FL 33175 | Mailing Address 4220 S.W. 143RD AVENUE MIAMI, FL 33175 |
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04242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|------------------------------------|--|
| 4. FEI Number 55-0790826 | Applied For <input type="checkbox"/> 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 BALOYRA, JOSE L 2665 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133 |
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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000139807
04/29/04-80130-025 150.00**

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSTD VELIZ, ORESTES 4220 S.W. 143RD AVENUE MIAMI, FL 33175 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD VELIZ, SURY 4220 S.W. 143RD AVENUE MIAMI, FL 33175 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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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)(i), 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:  **ORESTES VELIZ** **4/26/04** **(786) 443 3514**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #