
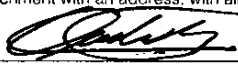


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90397 003 ***150.00

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|--|---|--|---|--|--|
| DOCUMENT # P02000074522 | | | |  | |
| 1. Entity Name ORESURY, INC. | | | | | |
| Principal Place of Business 4220 S.W. 143RD AVENUE MIAMI, FL 33175 | | Mailing Address 4220 S.W. 143RD AVENUE MIAMI, FL 33175 | | | |
| 2. Principal Place of Business 5881 SW 164th Ct Suite, Apt. #, etc. | | 3. Mailing Address 5881 SW 164th Ct Suite, Apt. #, etc. | | | |
| City & State Miami, FL | | City & State Miami, FL | | 4. FEI Number 55-0790826 | |
| Zip 33193 | | Country Miami-Dade | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| BALOYRA, JOSE L 2665 SOUTH BAYSHORE DRIVE SUITE 200 MIAMI, FL 33133 | | Name BALOYRA, JOSE L Street Address (P.O. Box Number is Not Acceptable) 2950 SW 27 Ave SUITE 300 City MIAMI FL Zip Code 33133 | | | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD VELIZ, ORESTES 4220 S.W. 143RD AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5881 SW 164th Ct Miami, FL 33193 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD VELIZ, SURY 4220 S.W. 143RD AVENUE MIAMI, FL 33175 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5881 SW 164th Ct Miami, FL 33193 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 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:  | | Orestes Veliz-Pres. | | 04/25/06 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date</small> | | <small>Daytime Phone #</small> | |