

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000080637

1. Corporation Name

U.S. ORCA, INC.

Principal Place of Business

Mailing Address

9948 N.W. 43 TERRACE
MIAMI, FLORIDA 33178

9948 N.W. 43 TERRACE
MIAMI, FLORIDA 33178

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

MARYMAR D. CIOFFI
9948 N.W. 43rd TERRACE
MIAMI, FLORIDA 33178

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE P

PRESIDENT

NAME

MARYMAR D. CIOFFI

STREET ADDRESS

9948 N.W. 43rd TERRACE

CITY-ST-ZIP

MIAMI, FLORIDA 33178

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

11 TITLE S

SECRETARY

12 NAME

MARY LUZ CANO

13 STREET ADDRESS

9948 N.W. 43 TERRACE

14 CITY-ST-ZIP

MIAMI, FLORIDA 33178

21 TITLE T

TREASURER

22 NAME

VICTORIA M. VARGAS

23 STREET ADDRESS

11480 N.W. 48 TERRACE

24 CITY-ST-ZIP

MIAMI, FLORIDA 33178

31 TITLE

000026618660

32 NAME

01/09/04--01078--013 **150.00

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03

Date of Signature

CR2E034 (10/97)

U.S. ORCA, INC.
9948 N.W. 43RD TERRACE
MIAMI, FLORIDA 33178

December 9, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Annual Report 2003
32-0026068

Dear Sir or Madam:

Please be advised that I did not receive the annual report until today's notice.

Attached you will find my check in the amount of \$150.00 to put my account current. Also, the mailing address of the corporation is:

U.S. ORCA, INC.
9948 N.W. 43RD TERRACE
MIAMI, FLORIDA 33178

Thank you in advance in regards to this matter.

Sincerely yours,



MARYMAR D. CIOFFI, PRES.

Charter Number Only

VALIDATION ONLY

12/11/03

Requestor's Name
Alfonso Rodriguez
Address
6780 Coralway #100
City State ZIP Phone
Miami, FL 33155
(305) 662-1824A

CORPORATION(S) NAME

U.S. Orca, Inc.
#PU2000080637

RECEIVED
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DIVISION OF CORPORATION

- | | | |
|----------------------------------------------|---------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input checked="" type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> After 4:30 |
| | | <input type="checkbox"/> Mail Out |

Name
Availability
Document
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Verifier
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W.P. Verifier



Empire Toll Free: 1-800-432-3028