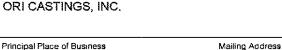
## **2004 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P02000105172** 1. Entity Name ORI CASTINGS, INC.

## **FILED** May 17, 2004 08:00 AM Secretary of State



2013 HARDING STREET

HOLLYWOOD, FL 33020

2013 HARDING STREET HOLLYWOOD, FL 33020



CR2E034 (10/03)

Daytime Phone #

## DO NOT WRITE IN THIS SPACE

Applied For 4. FEI Number 01-0771148 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

No Chg-P

01132004

6. Name and Address of Current Registered Agent			
HENRY, ROBERT 2013 HARDING STREET HOLLYWOOD, FL 33020			WRITE
2013 HARDING STREET	• •	U THI	

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, typod or printed riarne of registered agent and title if	applicable. (NOTE, Registered	Agent signature	required when remarking)	DATE		
	E NOW!!! FEE IS \$150.00 by 1, 2004 Fee will be \$550.00	Election Campaign Financ     Trust Fund Contribution,	cing . 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	TORS			E SUMMERS AND		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARBULU, JOSE 2643 FILLMORE STREET HOLLYWOOD, FL 33020				U00000160620 05/17/04-80006-019 150.00		
TITLE NAME STREET ADDRESS ONY-ST-ZIP	D TESSLER, ANDREW 2013 HARDING STREET HOLLYWOOD, FL 33020						
TITLE NAME STREET ADDRESS CITY-ST-TIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				N.	THIS SPACE		
IFFLE MAME STREET ABORESS CITY-ST-ZIP							
TITLE MAME STREET ADDRESS OTTY-ST-ZIP	00						
12. I hereby certify that the information supplied with his filling 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 of supplemental legal is true and flast my signature shall have the same legal effect as if made under oath, that I am an officer or director of the composition or the receiver or protected to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Bkick 10 or Block 11 if changed, or on an ayachment with an address, with all other like empowered.							

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR