2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

| DOCUMENT # P02000117591 1. Entity Name ORLOSH USA CORP. | | | | | | | 05-01-2006 | 90420 024 ***15 | 0.00 |
|--|--|--|---|-----------------------|--|--|--|---|---------------------------------|
| Principal Place of Business | | | Mailing Address | | | 404 | | | |
| 8288 NW 66 ST | | | 8288 NW 66 ST | | ٠. | | | | |
| MIAMI, FL 33166 US | | | MIAMI, FL 33166 US | | | | | | |
| | | | | | | | ITUS IISH BEW STIN CEN | | 1 |
| 2 Principal P | . Mailing Address | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | | [| | | 11 12 |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | 04202006 | Chg-P | CR2E034 (11/05) | | |
| City & State | | | City & State | | | 4. FEI Numbe | 1 | Ap | plied For |
| | | | | | | 33-1031357 Not Applicable | | | |
| Zip | Zip Country | | Zip Coun | | itry | 5. Certificate of | of Status Desired | □ \$8.75 Add | |
| 6. Name and Address of Current | | | Pagistared Agent | | | 7 No | A dadaga a se Norre D | Fee Require | 0 |
| | 6. Name and 7 | Address of Current Reg | istered Agent | | 7. Name and Address of New Registered Agent Name | | | | |
| IGLESIAS. | GERARDO | | | | Trains | | | | |
| 10021 SW 97 CT | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | " |
| MIAMI, FL | 33176 | | | | 8+88 N.W. 66" 57 | | | | |
| | | | | | | | | | |
| - | | | | | City ha | p m i | | FL Zip Cod | 3116 |
| The above named entity submits this statement for the purpose of changing its registers. | | | | | | | in the State of Flo | | and accept |
| | ions of tegislered | | | , rogioto. | od omod or register | ou agent, or bon | i, iii ale etate ei i le | Avod. Tarribarishe: With, | and docept |
| | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| A- A | | | | | | | | | |
| | E NOWIII FEE ay 1, 2006 Fe | : IS \$150.00 e will be \$550.00 | 9. Election Campa Trust Fund Conf | | | .00 May Be led to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. | | ADDITIONS/ | CHANGES TO OFF | ICERS AND DIRECTOR | \$ IN 11 |
| TITLE | Р | | ☐ Delete | TITL | Ę | | | ☐ Change | ☐ Addition |
| NAME | FRIDMAN, SAI | MUEL | | NAM | IE | | | | _ |
| STREET ADDRESS | GASCON 697 | P.11 | | STRI | EET ADDRESS | | | | |
| CITY-ST-ZIP | BUENOS AIRE | | CETY | -ST-ZIP | | | | | |
| TITLE | VP | ☐ Defete | TITU | E | | | ☐ Change | ☐ Addition | |
| NAME | FRIDMAN, CL | AUDIO H | | NAM | KE | | | | |
| STREET ADDRESS | ESTADO DE IS | SRAEL 4546 P.3 | | | EET ADDRESS | | | | |
| CITY-ST-ZIP | BUENOS AIRES, CF 1110 | | | CIT | '-ST-ZIP | | | | |
| TITLE | TREA Delete | | | TITL | E] | | | ☐ Change | Addition |
| NAME | FRIDMAN, CLAUDIO H | | | NAN | l l | | | | |
| STREET ADDRESS | 1 | | | | EET ADDRESS (-ST-ZIP | | | | |
| CITY-ST-ZIP | BUENOS AIRES, CF 1110 | | | <u></u> | | | | | |
| TITLE | Į | | ☐ Delete | ŧΠ | I | | | Change | Addition |
| NAME STREET ADDRESS | | | | NAN | EET-ADDRESS | | | | |
| CITY-ST-ZIP | | | | | r-ST-ZIP | | | | |
| | | | | Titl | | | | ☐ Change | Addition |
| TITLE NAME | □ Delete | | | NAN | ì | | | □ chaithe | ☐ Modition |
| STREET ADDRESS | | | | 1 | EET ADDRESS | | | | |
| City- \$7-ZiP | | | | cir | Y-ST-ZIP | | | | |
| TITLE | | | | TITI | F | | | Change | ☐ Addition |
| NAME | | | | NAM | | | | | |
| STREET ADDRESS | | | | | EET ADDRESS | | | | |
| CITY-ST-ZIP | | | | CIT | Y-ST-ZIP | | | | |
| 12. I hereby | certify that the info | rmation supplied with thi | s filing does not qualify file and accurate and that | or the e | emptions containe | d in Chapter 119 | Florida Statutes. | I further certify that the | information |
| indicated of the co- | tion this report or s reporation or the rec | supplemental report is tru ceiver or trustee empowe | e and accurate and that red to execute this report all other like empowered | my signa t as requ | ature shall have the ired by Chapter 60 | same legal effec 7, Florida Statute | t as if made under s; and that my nam | oath; that I am an office ne appears in Block 10 o | r or director or Block 11 if |

CLANDIO FRIDMAN