

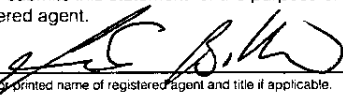
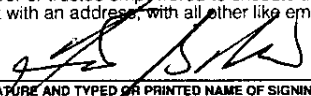


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90076 049 \*\*\*158.75

<b>DOCUMENT # P03000009475</b> 1. Entity Name <b>ORANJE INDUSTRIAL CORP.</b>																																																																																																																									
Principal Place of Business <b>3149 CENTER STREET COCONUT GROVE FL 33133</b>				Mailing Address <b>3149 CENTER STREET COCONUT GROVE FL 33133</b>																																																																																																																					
2. Principal Place of Business <b>3175 JACKSON AV.</b> Suite, Apt. #, etc.		3. Mailing Address <b>3175 JACKSON AV.</b> Suite, Apt. #, etc.																																																																																																																							
City & State <b>Coconut Grove, FL.</b>		City & State <b>Coconut Grove, FL.</b>		4. FEI Number <b>01-0610107</b>																																																																																																																					
Zip <b>33133</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																					
6. Name and Address of Current Registered Agent  <b>BITTERS, FRIDO 3149 CENTER STREET COCONUT GROVE FL 33133</b>				7. Name and Address of New Registered Agent Name <b>BITTERS, FRIDO</b> Street Address (P.O. Box Number is Not Acceptable) <b>3175 JACKSON AV.</b> City <b>Coconut Grove</b> <b>FL</b> Zip Code <b>33133</b>																																																																																																																					
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  <b>FRIDO BITTERS</b> <b>JAN. 26. 2004</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																									
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P <input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>BITTERS, FRIDO</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>3149 CENTER STREET</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>COCONUT GROVE FL 33133</b></td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-ST-ZIP</td><td> </td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-ST-ZIP</td><td> </td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-ST-ZIP</td><td> </td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-ST-ZIP</td><td> </td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-ST-ZIP</td><td> </td></tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>BITTERS, FRIDO</b></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>3175 JACKSON AV.</b></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>COCONUT GROVE, FL. 33133</b></td> </tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-ST-ZIP</td><td> </td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-ST-ZIP</td><td> </td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-ST-ZIP</td><td> </td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-ST-ZIP</td><td> </td></tr> <tr><td colspan="2"> </td></tr> <tr> <td>TITLE</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td>NAME</td><td> </td></tr> <tr><td>STREET ADDRESS</td><td> </td></tr> <tr><td>CITY-ST-ZIP</td><td> </td></tr> </table> </div> </div>						TITLE	P <input type="checkbox"/> Delete	NAME	<b>BITTERS, FRIDO</b>	STREET ADDRESS	<b>3149 CENTER STREET</b>	CITY-ST-ZIP	<b>COCONUT GROVE FL 33133</b>			TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>BITTERS, FRIDO</b>	STREET ADDRESS	<b>3175 JACKSON AV.</b>	CITY-ST-ZIP	<b>COCONUT GROVE, FL. 33133</b>			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP				TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		STREET ADDRESS		CITY-ST-ZIP	
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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.																																																																																																																									
<b>SIGNATURE:</b>  <b>FRIDO BITTERS</b> <b>JAN. 26. 2004</b> <b>305-444-0291</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																									