

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040113

FILED
Apr 06, 2004
Secretary of State

Entity Name: ORNA PROCESSING INC.

Current Principal Place of Business:

P.O. BOX 833072
MIAMI, FL 33283

New Principal Place of Business:

P.O. BOX 833072
MIAMI, FL 332833072 US

Current Mailing Address:

P.O. BOX 833072
MIAMI, FL 33283

New Mailing Address:

P.O. BOX 833072
MIAMI, FL 332833072 US

FEI Number: 51-0460348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENDOZA, NANCY
9011 SW 123RD CT.
APT. 8-101
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MENDOZA, NANCY
Address: P.O. BOX 833072
City-St-Zip: MIAMI, FL 33283

Title: D () Delete
Name: MENDOZA, JUAN O
Address: P.O. BOX 833072
City-St-Zip: MIAMI, FL 33283

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY MENDOZA

D

04/06/2004

Electronic Signature of Signing Officer or Director

Date