

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000048961

FILED  
Feb 12, 2004  
Secretary of State

Entity Name: JOSE L. ORLANDINI CORPORATION

## Current Principal Place of Business:

12693 NW 9 TERRACE  
MIAMI, FL 33182

## New Principal Place of Business:

624 RENAISSANCE PT. BLVD  
208  
ALTAMONTE SPRINGS, FL 32714

## Current Mailing Address:

12693 NW 9 TERRACE  
MIAMI, FL 33182

## New Mailing Address:

624 RENAISSANCE PT. BLVD  
208  
ALTAMONTE SPRINGS, FL 32714

FEI Number: 11-3687700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DE ORLANDINI, CECILIA  
12693 NW 9 TERRACE  
MIAMI, FL 33182

## Name and Address of New Registered Agent:

ORLANDINI, CECILIA  
624 RENAISSANCE PT. BLVD  
208  
ALTAMONTE SRPINGS, FL 32714

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: CECILIA ORLANDINI

02/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DE ORLANDINI, CECILIA  
Address: 12693 NW 9 TERRACE  
City-St-Zip: MIAMI, FL 33182

Title: VD ( ) Delete  
Name: ORLANDINI, JOSE  
Address: 12693 NW 9 TERRACE  
City-St-Zip: MIAMI, FL 33182

Title: SD (X) Delete  
Name: CABRERA, CARLOS  
Address: 12693 NW 9 TERRACE  
City-St-Zip: MIAMI, FL 33182

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ORLANDINI, CECILIA  
Address: 624 RENAISSANCE PT. BLVD # 208  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VD (X) Change ( ) Addition  
Name: ORLANDINI, JOSE  
Address: 624 RENAISSANCE PT. BLVD # 208  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: CECILIA ORLANDINI

PD

02/12/2004

Electronic Signature of Signing Officer or Director

Date