

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000077516	
1. Entity Name ORZECZ GROUP / ORZECZ TRAVEL, INC	

Principal Place of Business 2862 BELLWIND CIR VIERA FL 32955	Mailing Address 2862 BELLWIND CIR VIERA FL 32955
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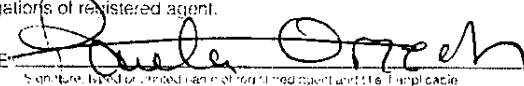
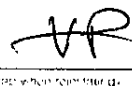


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE	CR2E034 (10/07)
4. FEI Number 65-0380618	Applied For ☐ Not Applicable

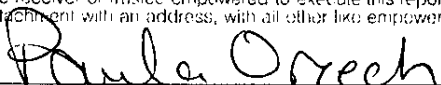
6. Name and Address of Current Registered Agent ORZECZ, PAULA M 2862 BELLWIND CIR VERA FL 32955	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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: 		DATE: 1-31-08

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P ☐ Delete	NAME: ORZECZ, JOHN A STREET ADDRESS: 2862 BELLWIND CIR CITY-ST-ZIP: VERA FL 32955	TITLE: VP ☐ Change ☐ Addition	NAME: ORZECZ, PAULA M STREET ADDRESS: 2862 BELLWIND CIR CITY-ST-ZIP: VERA FL 32955
TITLE: ☐ Delete	NAME: ☐ Delete	TITLE: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition
TITLE: ☐ Delete	NAME: ☐ Delete	TITLE: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition
TITLE: ☐ Delete	NAME: ☐ Delete	TITLE: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition
TITLE: ☐ Delete	NAME: ☐ Delete	TITLE: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition
TITLE: ☐ Delete	NAME: ☐ Delete	TITLE: ☐ Change ☐ Addition	NAME: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
SIGNATURE:  VP 1-31-08 321745-2350	