2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State
03-24-2004 90004 042 ***150.00

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1. Entity Name
ORION ARTISTIC DESIGN ENTERPRISES, CORP.

Principal Place of Business	Mailing Address
6355 NW 36TH ST., #407 VIRGINIA GARDENS, FL 33166	6355 NW 36TH ST., #407 VIRGINIA GARDENS, FL 33166

03092004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 47-0927332 ☐ Applied F ☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TOTAL CORPORATION SERVICES, INC.
6355 NW 36TH ST., #407
VIRGINIA GARDENS, FL 33166

7. Name and Address of New Registered Agent

Name HECTOR N. CARRIZO
Street Address (P.O. Box Number is Not Acceptable)
6355 NW 36 St. #407
City VIRGINIA GARDENS FL Zip Code 33166

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 acc the obligations of registered agent.

SIGNATURE Hector N. Carrizo 03/09/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Ad
NAME	CARRIZO, HECTOR N		NAME		
STREET ADDRESS	6355 NW 36TH ST., #407		STREET ADDRESS		
CITY-ST-ZIP	VIRGINIA GARDENS, FL 33166		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Ad
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hector N. CARRIZO - PRESIDENT 03/09/2004 786-319-6989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #