

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000120951

1. Entity Name
ORINOCO INTERNATIONAL IMPORTS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 AM 10: 52

Principal Place of Business
701 BRICKELL AVE STE 3000
MIAMI, FL 33131

Mailing Address
701 BRICKELL AVE STE 3000
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102005

Chg-P

CR2E034 (10/03)

4. FEI Number
98-0425874

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE STE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ronald Albert J., VP

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/19/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME WARDLE, TAMI
STREET ADDRESS % CENTRO COMMERCIAL PASEO LAS MERCEDES PIS
CITY-ST-ZIP LAS MERCEDES CARACAS 1060,

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Director, Secretary
NAME Tami Wardle
STREET ADDRESS % Centro Comercial Paseo Las Mercedes Pis
CITY-ST-ZIP Las Mercedes Caracas 1060 Venezuela

☒ Change ☐ Addition

TITLE President
NAME Cristina Pieretti
STREET ADDRESS % Centro Comercial Paseo Las Mercedes Piso
CITY-ST-ZIP Las Mercedes Caracas 1060 Venezuela

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☐ Change ☐ Addition

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.

SIGNATURE:

Tami Wardle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #