

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000132488

1. Entity Name

ORLANDO WIRE & STEEL INC



Principal Place of Business

9109 BACHMAN ROAD
ORLANDO FL 32824

Mailing Address

9109 BACHMAN ROAD
ORLANDO FL 32824

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

83-0377812

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KHORSANDI, ARASH B
9109 BACHMAN ROAD
ORLANDO FL 32824

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when constituting)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KHORSANDI, ARASH B 8805 BAY HILL BLVD. ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KHORSANDI, AREZOO B 8805 BAY HILL BLVD. ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KHORSANDI, ALIREZA B 8805 BAY HILL BLVD. ORLANDO FL 32819	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Add
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02/08/06-80001-021 158.75

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 807, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/06

Date

Daytime Phone #