## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000010710

Entity Name: ORLANDO CITY ENTERPRISES INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
6441 RIDGEBERRY DR. ORLANDO, FL 32819 US					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	EBERRY DR. , FL 32819	US			
FEI Number:	20-0642709	FEI Number Applied For ( )	El Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
DE SOUZA, VERA L 6441 RIDGEBERRY DR. ORLANDO, FL 32819 US					
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:					
Flection Can		nic Signature of Registered Agent g Trust Fund Contribution ( ).		Date	
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name:	P () DE SOUZA, VE	Delete	Title: Name:	( ) Change ( ) Addition	
Address:	6441 RIDGEBE		Address:		
City-St-Zip:	ORLANDO, FL		City-St-Zip:		
Title:	PRES ()	) Delete	Title:	( ) Change ( ) Addition	
Name:	VERA LUCIA D		Name:		
Address:	6441 RIDGEBE		Address:		
City-St-Zip:	ORLANDO, FL	32819 05	City-St-Zip:		
Title:	P ()	) Delete	Title:	( ) Change ( ) Addition	
Name:	VERA LUCIA D	•	Name:		
Address:	6441 RIDGEBE		Address:		
City-St-Zip:	ORLANDO, FL	32819	City-St-Zip:		
Title:	P ()	) Delete	Title:	( ) Change ( ) Addition	
Name:	VERA LUCIA D		Name:		
Address:	6441 RIDGEBE		Address:		
City-St-Zip:	ORLANDO, FL	32819 US	City-St-Zip:		
Title:	P ()	) Delete	Title:	( ) Change ( ) Addition	
Name:	VERA LUCIA DI		Name:		
Address:	6441 RIDGEBE		Address:		
City-St-Zip:	ORLANDO, FL	32018	City-St-Zip:		
Title:	P ()	) Delete	Title:	( ) Change ( ) Addition	
Name:	VERA LUCIA D	•	Name:		
Address:	6441 RIDGEBE		Address:		
City-St-Zip:	ORLANDO, FL	32018	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VERA DE SOUZA P 04/29/2008