2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000035048

1. Entity Name
ORUB ACCESS GROUP, INC.

Principal Place of Business	Mailing Address
4613 NW 47TH CT	4613 NW 47TH CT
TAMARAC, FL 33319	TAMARAC, FL 33319

DO NOT WRITE IN THIS SPACE

01052007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145

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IN THIS SPACE

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 reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2007 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	ROSENBERG, WILLIAM JR
STREET ADDRESS	4613 NW 47TH CT
CITY-ST-ZIP	TAMARAC, FL 33319

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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U00000723414
05/02/07-80070-015 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _William Rosenberg_ WILLIAM ROSENBERG, JR   4-20-07   954-731-0429

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #