


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90142 004 ***150.00

DOCUMENT # P04000096622	
1. Entity Name ORLANDO INTERNATIONAL, INC.	

Principal Place of Business 1717 N BAYSHORE DR STE 108 MIAMI, FL 33132	Mailing Address 1717 N BAYSHORE DR STE 108 MIAMI, FL 33132
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50047047

2. Principal Place of Business 1717 N Bayshore Dr. Suite, Apt. #, etc. Suite 201	3. Mailing Address 1717 N Bayshore Dr. Suite, Apt. #, etc. Suite 201
City & State Miami, FL	City & State Miami, FL
Zip 33132	Country USA



04272005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1307839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARTINEZ, AMAURI F 1717 N BAYSHORE DR STE 108 MIAMI, FL 33132	7. Name and Address of New Registered Agent Name: Martinez Amauri F Street Address (P.O. Box Number is Not Acceptable): 1717 N Bayshore Drive Suite 201 City: Miami FL Zip Code: 33132
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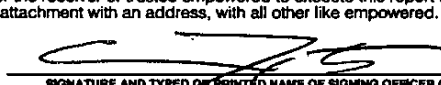
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST MARTINEZ, AMAURI F 1717 N BAYSHORE DR STE 108 MIAMI, FL 33132 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST/ST/D Martinez Amauri F. 1717 N Bayshore Dr. Suite 201 Miami FL 33132 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  Amauri F. Martinez 04/29/05 804 7332 (205)

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