2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 17, 2007 8:00 am Secretary of State

| DOCUMENT # P0400096622 1. Entity Name ORLANDO INTERNATIONAL, INC. | | | | 08-17-2007 9003 | 0 042 ***150 | 0.00 |
|--|---|-------------------------------|--|--|--|-------------------|
| incipal Place of Business Mailing Address | | | | • | | |
| 7801 NW 37TH ST. MIAMI, FL 33166 | 7801 NW 37TH ST. Miami, FL 33166 | _ | | | | |
| 2. Principal Place of Business - No P.O. Box # | ipal Place of Business - No P.O. Box # 3. Mailing Address | | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 07 Chg-P CI | R2E034 (12/06) | |
| City & State | City & State | City & State | | 4. FEI Number Applied For 20-1302839 Not Applied ble | | |
| Zip Country | Zip | Country | 5. Certific | cate of Status Desired | \$8.75 Add Fee Require | |
| 6. Name and Address of Current | t Registered Agent | News | | and Address of New Regist | ered Agent | |
| MARTINEZ, AMAURI F 1717 N BAYSHORE DR | | | Name HUNTINGZ, AMAVNI F Street Address (P.O. Box Number is Not Acceptable) | | | |
| SUITE 201 MIAMI, FL 33132 | | | 7 801 NW 3746 ST | | | |
| IVIIAIVII, FL 33132 | | | City Name of the Code (16) | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registere the obligations of registered agent. | | | | or both, in the State of Florida. | <u> </u> | and accept |
| 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 Due by September 14, 2007 9. Election Campaign Financing \$5 Trust Fund Contribution. Add | | | | In accordance with s corporation did not re | . 607.193(2)(b), eceive the prior r | F.S., the notice. |
| 10. OFFICERS AND | DIRECTORS | 11. | ADDITIO | NS/CHANGES TO OFFICERS | AND DIRECTORS | S IN 11 |
| TITLE DPST Delete TITLE NAME MARTINEZ, AMAURI F | | | PPST | 2 ANNIAIF | Change | Addition |
| • | ET ADDRESS 1717 N. BAYSHORE DRIVE, SUITE 201 STRE | | | 2, AMAURI F 1 37th ST 1, FL 33166 | , | ļ |
| TITLE | ☐ Delete | TITLE | | ., | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS | | | | | | |
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| STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | | | | |
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| NAME Street Address | | NAME STREET ADDRESS | | | | } |
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| TITLE | ☐ Delete | TITLE | | | ☐ Change | Addition |
| NAME STREET ADDRESS | | NAME STREET ADORESS | | | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | | | | |
| 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 eath; 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. MANTWOZ AMAURI F. MARTINE 2 08/15/07 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daystre Proce # | | | | | | |