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2005 FOR PROFIT CORPORATION ANNUAL REPORT

8/4/2005-90002-021-$150.00-$150.00

FILED
05 OCT 14 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000133489

1. Entity Name
ORDONEZ ARINO MANAGEMENT CORP.

Principal Place of Business	Mailing Address
5829 SUNNYSIDE LANE FORT MYERS, FL 33919	5829 SUNNYSIDE LANE FORT MYERS, FL 33919

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

07212005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1673174 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PALUMBO, MARY V 7980 SUMMERLIN LAKES DRIVE FORT MYERS, FL 33907	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

THIS WAS PAID

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 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME MALIA L BAQUELO STREET ADDRESS 5829 SUNNYSIDE LANE CITY-ST-ZIP FORT MYERS, FL 33919	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: M Baquero 7/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Maria R Baquero

Florida Department of State
Secretary of State
Glenda E Hood
Division of Corporations
P O BOX 6327
Tallahassee, FL 32314

Ordonez Arino Management Corp.
5829 Sunnyside Lane
Fort Myers, FL 33919

Doc.# P04000133489

July 13th 2005

To Whom This May Concern;

Enclosed you will find a check in the amount of $150.00 to pay for the annual report. We are asking for a waiver of the late fee because we never receive the initial request.

Sincerely;

Maria Baquero

Maria Baquero,
Secretary

BL. Ch 4
FEI ID #