


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 8:00 am
Secretary of State

03-15-2006 90115 027 ***150.00

DOCUMENT # P04000161127 1. Entity Name OROZCO'S GENERAL SERVICES, INC.			
Principal Place of Business 18634 NE 18 AVE - # 239 MIAMI, FL 33179		Mailing Address 18634 NE 18 AVE - # 239 MIAMI, FL 33179	
2. Principal Place of Business 16740 NE 9 Ave #409		3. Mailing Address 16740 NE 9 Ave	
Suite, Apt. #, etc. 409		Suite, Apt. #, etc. 409	
City & State North Miami Beach, FL		City & State North Miami Beach, FL	
Zip 33162		Zip 33162	
Country 		Country 	
4. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required		5. Certificate of Status Desired - <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OROZCO, FREDDY 18634 NE 18 AVE - # 239 MIAMI, FL 33179		7. Name and Address of New Registered Agent Name ORDONEZ EDERSON Street Address (P.O. Box Number is Not Acceptable) 16740 NE 9 AVE # 409 City NORTH MIAMI BEACH FL Zip Code 33162	
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 <u><i>Freddy Orozco</i></u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	NAME OROZCO, FREDDY	TITLE 	NAME
STREET ADDRESS 18634 NE 18 AVE - # 239	CITY-ST-ZIP MIAMI, FL 33179	STREET ADDRESS 	CITY-ST-ZIP
TITLE VP	NAME ORDONEZ, EDERSON	TITLE PRESIDENT	NAME ORDONEZ, EDERSON
STREET ADDRESS 16740 NE 7 AVE #409	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	STREET ADDRESS 16740 NE 9 AVE # 409	CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	CITY-ST-ZIP
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY-ST-ZIP 	STREET ADDRESS 	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 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: <u><i>Freddy Orozco</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
Date		Daytime Phone #	