

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048638

FILED
May 22, 2007
Secretary of State

Entity Name: ORELIZA MANAGEMENT COMPANY

Current Principal Place of Business:

9200 NW 38DRIVE
#4
CORAL SPRINGS, FL 33065

New Principal Place of Business:

34 CAPITOL CT
DEERFIELD BEACH, FL 33442

Current Mailing Address:

9200 NW 38 DRIVE #4
CORAL SPRINGS, FL 33065

New Mailing Address:

34 CAPITOL CT
DEERFILED BEACH, FL 33442

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, ORELIZA
9200 NW 38 DRIVE
#4
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

RAMIREZ, ORELIZA
34 CAPITOL CT
DEERFIELD BEACH, FL 33442 US

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.

SIGNATURE:

05/22/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVTS () Delete
Name: RAMIREZ, ORELIZA
Address: 9200 NW 38 DRIVE #4
City-St-Zip: CORAL SPRINGS, FL 33065

Title: D () Delete
Name: RAMIREZ, ORELIZA
Address: 9200 NW 38 DRIVE #4
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVTS (X) Change () Addition
Name: RAMIREZ, ORELIZA
Address: 34 CAPITOL CT
City-St-Zip: DEERFILED BEACH, FL 33442

Title: D (X) Change () Addition
Name: RAMIREZ, ORELIZA
Address: 34 CAPITOL CT
City-St-Zip: DEERFILED BEACH, FL 33442

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ORELIZA RAMIREZ

PVTS

05/22/2007

Electronic Signature of Signing Officer or Director

Date