

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90043 049 \*\*\*150.00

**DOCUMENT # P05000058675**

1. Entity Name

ORL INTERNATIONAL TRADING, INC.



Principal Place of Business

15548 SW 39 STREET  
MIRAMAR, FL 33027

Mailing Address

15548 SW 39 STREET  
MIRAMAR, FL 33027

2. Principal Place of Business - No P.O. Box #

15677 SW 53 ST

3. Mailing Address

15677 SW 53 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01022007

Chg-P

CR2E034 (12/06)

City & State

MIRAMAR FL

City & State

MIRAMAR FL

4. FEI Number

20-2728189

Applied For

Not Applicable

Zip

33027

Country

U.S.A

Zip

33027

Country

U.S.A

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VALLE, SANDRA  
15677 SW 53 STREET  
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME RIVAS, ADRIANA  
STREET ADDRESS 15548 SW 39 STREET  
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE M ☐ Delete  
NAME VALLE, SANDRA  
STREET ADDRESS 15677 S.W. 53 ST  
CITY-ST-ZIP MIRAMAR, FL 333027

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/07