



FILED
Aug 29, 2008 8:00 am
Secretary of State

[illegible]

DOCUMENT # P05000101189				08-29-2008 90003 013 ***150.00	
1. Entity Name OREL PROPERTIES, INC.					
Principal Place of Business 10235 W BORADVIEW DR BAY HARBOR ISLANDS, FL 33154		Mailing Address 10235 W BORADVIEW DR BAY HARBOR ISLANDS, FL 33154			
2. Principal Place of Business - No P.O. Box # 10235 W. Broadview DR.		3. Mailing Address 10235 W. Broadview DR.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08222008 Chg-P CR2E034 (12/06)	
City & State Bay Harbor Islands, FL		City & State Bay Harbor Islands, FL		4. FEI Number 20-3188606	
Zip 33154		Zip 33154		Applied For Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOPEZ, PETER M PA 1911 NW 150 AVENUE SUITE 201 PEMBROKE PINES, FL 33028				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 <input type="checkbox"/> Delete NAME D BIRNBAUM, NURIT STREET ADDRESS 10235 W BORADVIEW DR CITY - ST - ZIP BAY HARBOR ISLANDS, FL 33154			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Birnbaum, Nurit STREET ADDRESS 10235 W. Broadview DR. CITY - ST - ZIP Bay Harbor Islands, FL 33154		
TITLE <input type="checkbox"/> Delete NAME D BIRNBAUM, MOISES STREET ADDRESS 10235 W BORADVIEW DR CITY - ST - ZIP BAY HARBOR ISLANDS, FL 33154			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Birnbaum, Moises STREET ADDRESS 10235 W. Broadview DR. CITY - ST - ZIP Bay Harbor Islands, FL 33154		
TITLE <input type="checkbox"/> Delete NAME D WEITZMAN, MAXIM STREET ADDRESS 10235 W BORADVIEW DR CITY - ST - ZIP BAY HARBOR ISLANDS, FL 33154			TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Weitzman, Maxim STREET ADDRESS 10235 W. Broadview DR. CITY - ST - ZIP Bay Harbor Islands, FL 33154		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: M Weitzman SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 8/20/08 Daytime Phone #	