

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90271 019 ***150.00

50005782



03202006 Chg-P CR2E034 (11/05)

4. FEI Number **383623457** Applied For ☐ Not Applicable ☐

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

DOCUMENT # P05000132157

1. Entity Name
ORFIN&ASSOCIATES INC.



Principal Place of Business
**6185 RALEIGH ST.
APT 102
ORLANDO, FL 32835**

Mailing Address
**6185 RALEIGH ST.
APT 102
ORLANDO, FL 32835**

2. Principal Place of Business
6200 Metrowest Blvd.

3. Mailing Address
6200 Metrowest Blvd

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.
205

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32835

Country
ORANGE

Zip
32835

Country
ORANGE

6. Name and Address of Current Registered Agent

**ORFIN, DAN P
6185 RALEIGH ST.
APT 102
ORLANDO, FL 32835**

7. Name and Address of New Registered Agent

Name
Orfin, Dan P.

Street Address (P.O. Box Number is Not Acceptable)
6200 Metro west Blvd Suite 205

City
ORLANDO

FL

Zip Code
32835

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 **3-20-06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ORFIN, DAN P 6185 RALEIGH ST. APT 102 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Orfin, Dan P. 6200 Metro west Blvd. Suite 205 ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **3-20-06** **407-902-5522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #