

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000154213

1. Entity Name
ORELLANA CONSTRUCTION, CORP.



FILED
06 MAY -2 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1675 NW 31ST STREET
APT 5
MIAMI, FL 33142

Mailing Address
1675 NW 31ST STREET
APT 5
MIAMI, FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

5012006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3825166

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORELLANA, CARLOS ALBERTO
1675 NW 31ST STREET
APT 5
MIAMI, FL 33142

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 so needed)

DATE

**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
PD
ORELLANA, CARLOS ALBERTO
STREET ADDRESS
1675 NW 31ST STREET, APT 5
CITY-STATE-ZIP
MIAMI, FL 33142

TITLE
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☐ Change ☐ 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 supplementary 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 an officer line empowered

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #