

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90030 012 \*\*\*150.00



**DOCUMENT # P06000051600**  
1. Entity Name  
**ORANGE BLOSSOM REAL ESTATE, INC**

Principal Place of Business <b>7301 S. ORANGE BLOSSOM TRAIL ORLANDO, FL 32809</b>	Mailing Address <b>7200 LAKE ELLENOR DRIVE 206 ORLANDO, FL 32809</b>
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**40102889**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address <b>4351 FLORA VISTA DR</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04222008 Chg-P CR2E034 (12/06)

City & State <b>ORLANDO, FL</b>	4. FEI Number <b>20-4701108</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>32837</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

**KAPADIA, ASHISH  
4351 FLORA VISTA DRIVE  
ORLANDO, FL 32837**

**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  
After May 1, 2008 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	P, S KAPADIA, ASHISH 4351 FLORA VISTA DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP T SHAH, DHIMANT 168 OAK GROVE CIRCLE LAKE MARY, FL 32746	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** *Ashish Kapadia* **ASHISH KAPADIA** Date 04/22/08 Daytime Phone # 407-839-7600