

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
May 01, 2007 8:00 am  
Secretary of State

05-01-2007 90044 032 \*\*\*150.00

<b>DOCUMENT # P06000064101</b> 1. Entity Name <b>ORLANDO HOMES &amp; CONDOS, INC.</b>					
Principal Place of Business <b>1840 SW 22ND ST., 4TH FLOOR MIAMI, FL 33145</b>			Mailing Address <b>1840 SW 22ND ST., 4TH FLOOR MIAMI, FL 33145</b>		
2. Principal Place of Business - No P.O. Box # <div style="text-align: center; font-size: 1.2em;">N/A</div>		3. Mailing Address <div style="text-align: center; font-size: 1.2em;">N/A</div>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 	Country 	Zip 	Country 	4. FEI Number <div style="font-size: 1.2em;">22-3930458</div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <div style="text-align: center; font-size: 1.2em;">N/A</div> Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: center; font-size: 1.2em;">FL</div> 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 <div style="text-align: center; font-size: 1.2em;">N/A</div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>Signature, typed or printed name of registered agent and title if applicable.</span> <span>(NOTE: Registered Agent signature required when restate)</span> <span>DATE</span> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MEGHANI, ALNOOR 1840 SW 22ND ST., 4TH FLOOR MIAMI, FL 33145		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VA HENRY STEPHEN POWELL 1840 SW 22ND ST., 4TH FLOOR MIAMI, FL 33145	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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	
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	
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: <u>AMEGHANI ALNOOR MEGHANI PSTD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>30/04/07</u> Daytime Phone # <u>011-44 7950 588701</u>		