

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000098078

FILED
Mar 30, 2009
Secretary of State

Entity Name: ORINOKIA INVESTMENTS, INC.

Current Principal Place of Business:

440 SAWGRASS PARKWAY PKWY
SUITE 212
SUNRISE, FL 33325 US

New Principal Place of Business:

440 SAWGRASS CORPORATE PKWY
SUITE 212
SUNRISE, FL 33325 US

Current Mailing Address:

440 SAWGRASS PARKWAY PKWY
SUITE 212
SUNRISE, FL 33325 US

New Mailing Address:

440 SAWGRASS CORPORATE PKWY
SUITE 212
SUNRISE, FL 33325 US

FEI Number: 26-3654954

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LISMAN, RUBEN
440 SAWGRASS CORPORATE PKWY
SUITE 212
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAGOSTINO, GIOVANI
Address: 440 SAWGRASS CORPORATE PKWY SUITE 212
City-St-Zip: SUNRISE, FL 33325 US

Title: VP () Delete
Name: LISMAN, RUBEN
Address: 440 SAWGRASS CORPORATE PKWY SUITE 212
City-St-Zip: SUNRISE, FL 33325 US

Title: S () Delete
Name: REVIATI, ALFREDO
Address: 440 SAWGRASS CORPORATE PKWY SUITE 212
City-St-Zip: SUNRISE, FL 33325 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN LISMAN

VP

03/30/2009

Electronic Signature of Signing Officer or Director

Date