

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000005592

1. Entity Name
ORPHANS, INC.



FILED
Jul 22, 2004 08:00 AM
Secretary of State

Principal Place of Business
2326 EAST 7TH AVENUE
TAMPA, FL 33605 US

Mailing Address
2326 EAST 7TH AVENUE
TAMPA, FL 33605 US



07142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3153027 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWARTZ, FRED C
2326 EAST 7TH AVENUE
TAMPA, FL 33605

**DO NOT WRITE
IN THIS SPACE**

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

Fred C Schwartz

Fred C Schwartz

7-15-04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SANTIAGO, DANIEL
STREET ADDRESS	4720 N E 1ST AVENUE
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VPD
NAME	FRED C. SCHWARTZ
STREET ADDRESS	2326 EAST 7TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/22/04-80002-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:

Fred C Schwartz

Fred C Schwartz 7-15-04

813-248-6511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #