

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000056002**

Entity Name  
**ORCA OF MIAMI, CORP.**



Principal Place of Business  
**1351 SW 15TH STREET  
MIAMI, FL 33145**

Mailing Address  
**1351 SW 15TH STREET  
MIAMI, FL 33145**



01152006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0595286**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ANDERS, BERTA M  
9500 N.W. 77 AVENUE  
SUITE 3  
DALEAH, FL 33016**

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IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

8. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**11111111347575  
01/30/06-80055-012 150.00**

**OFFICERS AND DIRECTORS**

NAME  
**PTD  
PEREZ, BONIFACIO O**  
HOME ADDRESS  
**1351 SW 15TH STREET  
MIAMI, FL 33145**

NAME  
**VSD  
PEREZ, CARIDAD**  
HOME ADDRESS  
**1351 SW 15TH STREET  
MIAMI, FL 33145**

NAME  
  
HOME ADDRESS

NAME  
  
HOME ADDRESS

NAME  
  
HOME ADDRESS

NAME  
  
HOME ADDRESS

**DO NOT WRITE  
IN THIS SPACE**

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 information empowered.

SIGNATURE: **Bonifacio Perez** **1/15/06 (305)856-9427**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #