

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 28, 2004 08:00 AM**

**Secretary of State**

**DOCUMENT # P95000077337**

1. Entity Name  
**ORION TRADING & BROKERAGE, INC.**



Principal Place of Business  
**2515-B LAURELWOOD LANE  
VALRICO, FL 33594**

Mailing Address  
**2515-B LAURELWOOD LANE  
VALRICO, FL 33594**



03012003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3335055**

Applied For  
Not Applicable

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

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

**RUBIO, LORENZO M  
2515 LAURELWOOD LANE  
VALRICO, FL 33594**

**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 \_\_\_\_\_ (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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PM  
RUBIO, LORENZO M  
2515 LAURELWOOD LANE  
VALRICO, FL 33594**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
BACARDI, JOSE E  
2515 LAURELWOOD LANE  
VALRICO, FL 33594**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
WHEELER, ROSALIND V  
1908 RIVER CROSSING DR  
VALRICO, FL 33594**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

UD00000161777  
05/28/04-80004-005 150.00

**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 807, 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: *Lorenzo M. Rubio*

*5-6-04 813-654-5158*

SIGNATURE AND, EITHER, OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #