

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000097168

1. Entity Name  
ORION TRADING CO.



Principal Place of Business  
298 NE 62 STREET  
MIAMI, FL 33138 US

Mailing Address  
298 NE 62 STREET  
MIAMI, FL 33138 US



**DO NOT WRITE IN THIS SPACE**

05042005 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0649855

Applied For  
Not Applicable

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

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

PEZZATINI, DANTE  
298 NE 62 STREET  
MIAMI, FL 33138

**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

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 7, 2005**

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	PSD
NAME	PEZZATINI, DANTE
STREET ADDRESS	298 NE 62 STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	VD
NAME	PEZZATINI, FULVIO
STREET ADDRESS	298 NE 62 STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D
NAME	PEZZATINI, AGOSTINO
STREET ADDRESS	298 NE 62 STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	TD
NAME	PEZZATINI, ILARIA
STREET ADDRESS	298 NE 62 STREET
CITY-ST-ZIP	MIAMI, FL 33138
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

05/09/05-80015-009 150.00

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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 all other like empowered.

SIGNATURE:

*Dante Pezzatini*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANTE PEZZATINI 4/20/05 305-491-1797

Date

Daytime Phone #