
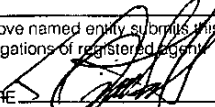


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90320 022 ***150.00

DOCUMENT # P96000059794 1. Entity Name ORLANDO'S CONSTRUCTION SERVICES, INC.																													
Principal Place of Business 1812 SW 85TH DRIVE CORAL SPRINGS, FL 33071			Mailing Address 1812 SW 85TH DRIVE CORAL SPRINGS, FL 33071 US																										
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 8733 Shadowood Blvd #308 Suite, Apt. #, etc. City & State Coral Springs FL Zip Country 33071																											
		04112005 Chg-P		CR2E034 (10/03)																									
		4. FEI Number 65-0684976		Applied For Not Applicable																									
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent ARGUETA, ORLANDO 1812 SW 85TH DRIVE CORAL SPRINGS, FL 33071			7. Name and Address of New Registered Agent Name ARGUETA Orlando Street Address (P.O. Box Number is Not Acceptable) 8733 Shadowood Blvd #308 City Coral Springs FL Zip Code 33071																										
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 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ARGUETA, ORLANDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8733 SHADOW WOOD BLVD., #308</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CORAL SPRINGS, FL 33071</td> <td></td> </tr> </table>			TITLE	P	<input type="checkbox"/> Delete	NAME	ARGUETA, ORLANDO		STREET ADDRESS	8733 SHADOW WOOD BLVD., #308		CITY-ST-ZIP	CORAL SPRINGS, FL 33071		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													

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