

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90095 024 \*\*\*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  
**8733 SHADOWOOD BLVD #308  
CORAL SPRINGS, FL 33071 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062006 Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0684976**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional ...  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGUETA, ORLANDO  
8733 SHADOWOOD BLVD #308  
CORAL SPRINGS, FL 33071**

Name  
**Argueta Orlando**

Street Address (P.O. Box Number is Not Acceptable)

**1812 SW 85th Dr**

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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
ARGUETA, ORLANDO  
8733 SHADOW WOOD BLVD., #308  
CORAL SPRINGS, FL 33071** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Orlando Argueta  
1812 SW 85th Dr  
Coral Springs FL 33071** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

12. 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #