

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000076358

Entity Name: ORCHARD ESTATES, INC.

FILED  
Jul 08, 2005  
Secretary of State

## Current Principal Place of Business:

333 W. CAMINO GARDENS BLVD  
SUITE 201  
BOCA RATON, FL 33432 US

## New Principal Place of Business:

## Current Mailing Address:

333 W. CAMINO GARDENS BLVD  
SUITE 201  
BOCA RATON, FL 33432 US

## New Mailing Address:

FEI Number: 65-0706767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEYNEJAD, SOHRAR  
333 W CAMINO GARDENS BLVD STE 201  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

DELEVIE, MARK N  
1515 N FEDERAL HIGHWAY  
SUITE 405  
BOCA RATON, FL 33432 US

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.

SIGNATURE: MARK N. DELEVIE

07/08/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDST ( ) Delete  
Name: KEYNEJAD, JAMSHID  
Address: 372 COCONUT PALM ROAD  
City-St-Zip: BOCA RATON, FL 33432

Title: D ( ) Delete  
Name: STOKES, PHILLIP MURRAY  
Address: 499 E. PALMETTO PARK RD.  
City-St-Zip: BOCA RATON, FL 33432

Title: D (X) Delete  
Name: STOKES, VERONICA JOAN  
Address: 499 E. PALMETTO PARK RD.  
City-St-Zip: BOCA RATON, FL 33432

Title: V (X) Delete  
Name: KEYNEJAD, SOHRAB  
Address: 333 W CAMINO GARDENS BLVD STE 201  
City-St-Zip: BOCA RATON, FL 33432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT (X) Change ( ) Addition  
Name: KEYNEJAD, JAMSHID  
Address: 1515 N FEDERAL HIGHWAY, STE 405  
City-St-Zip: BOCA RATON, FL 33432

Title: S (X) Change ( ) Addition  
Name: DELEVIE, MARK N  
Address: 1515 N FEDERAL HIGHWAY, STE 405  
City-St-Zip: BOCA RATON, FL 33432

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK N. DELEVIE

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07/08/2005

Electronic Signature of Signing Officer or Director

Date