


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90714 015 ***150.00

DOCUMENT # P97000023071

1. Entity Name
O R HOLDINGS, INC.



Principal Place of Business Mailing Address

1645 PALM BCH LKS BLVD 1645 PALM BCH LKS BLVD
 STE 1200 STE 1200
 WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33401

94079536



2. Principal Place of Business 3. Mailing Address

2696 SW. 96th Street **2696 S.W. 96th Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

04252004 Chg-P CR2E034 (10/03)

City & State City & State

Stuart, FL **Stuart, FL**

Zip Country Zip Country

34997 **U.S.** **34997** **U.S.**

4. FEI Number Applied For

65-0734100 Not Applicable

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

6. Name and Address of Current Registered Agent

FARACH, MANUEL
 1645 PALM BCH LKS BLVD
 STE 1200
 WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

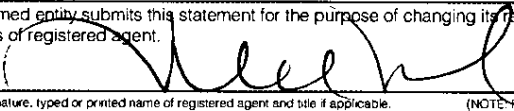
Name: **Manuel Farach**

Street Address (P.O. Box Number is Not Acceptable): **777 S. Flagler Drive**

Suite 1601 West

City: **West Palm Beach FL** Zip Code: **33401**

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:  DATE: **4/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

 150.00

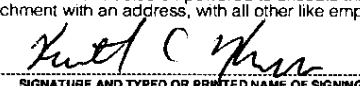
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	KROPP, KENNETH C	
STREET ADDRESS	1645 PALM BEACH LAKES BLVD, SUITE 1200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth C. Kropp	
STREET ADDRESS	777 S. Flagler Dr.	
CITY-ST-ZIP	Suite 1601 West Palm Beach FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **Kenneth C. Kropp** Date: **4/27/04** Daytime Phone #: **172 286 0191**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR