

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90123 003 ***150.00

DOCUMENT # P97000052801

1. Entity Name
ORLEANS GROUP INTERNATIONAL, INC.



Principal Place of Business
6251 PARK OF COMMERCE DR
SUITE B
BOCA RATON, FL 33487-8232 US

Mailing Address
6251 PARK OF COMMERCE DR
SUITE B
BOCA RATON, FL 33487-8232 US

50007104



2. Principal Place of Business
6251 PARK OF COMMERCE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
6251 PARK OF COMMERCE BLVD.
Suite, Apt. #, etc.

03082006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0760824

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

LEVINE, CPA, BRAHM D
515 N. FLAGLER DR.
SUITE 300-P
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

TITLE VTD
NAME MOSCOVITCH, RONALD ☐ Delete
STREET ADDRESS 6251 PARK OF COMMERCE DR, STE B
CITY-ST-ZIP BOCA RATON, FL 334878232

TITLE PSD
NAME CHOCRON, GABRIEL ☐ Delete
STREET ADDRESS 6251 PARK OF COMMERCE DR, STE B
CITY-ST-ZIP BOCA RATON, FL 334878232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6251 PARK OF COMMERCE BLVD. SUITE B
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6251 PARK OF COMMERCE BLVD. SUITE B
CITY-ST-ZIP

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

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

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

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

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 #

3/15/06