2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 8:00 am
Secretary of State
05-20-2004 90008 037 ***150.00

DOCUMENT # P97000105619

1. Entity Name
THE ORION COLLECTION CORPORATION

Principal Place of Business	Mailing Address
7050 NW 77 CT MIAMI, FL 33166	7050 NW 77 CT MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

04022004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0354396

Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

FREITAS, FILIPE
7050 NW 77 CT
MIAMI, FL 33166

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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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FREITAS, FATIMA D
STREET ADDRESS	7050 NW 77 CT
CITY ST ZIP	MIAMI, FL 33166
TITLE	D
NAME	FREITAS, GONCALO
STREET ADDRESS	7050 NW 77 CT
CITY ST ZIP	MIAMI, FL 33166
TITLE	D
NAME	DEFREITAS, MARIA H
STREET ADDRESS	7050 NW 77 CT
CITY ST ZIP	MIAMI, FL 33166
TITLE	D.
NAME	FELIPE FREITAS
STREET ADDRESS	7050 NW 77 CT
CITY ST ZIP	MIAMI FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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: FREITAS GONCALO APRIL 29 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #