2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2007 08:00 AM Secretary of State

DOCUMENT # P98000026457 1. Entity Name ORLANDO BUILDS, INC.					Secretary of State				
Principal Plac	e of Business	Mailing Address							
65 NW 62ND Miami, FL 3		65 NW 62ND AVE Miami, FL 33126							
		Market of the second of the se	A SECTION OF THE PROPERTY OF T						
					01262007	No Chg-P	CR2	E034 (11/05)	
DO NOT WRITE IN THIS SPACE				-	4. FEI Numb	9r		Applied For	
					65-092	1185		Not Applicable	
					5. Certificate	of Status Desired		\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		- ·	1,				
DELGADO, LAZARO O 65 NW 62ND AVE MIAMI, FL 33126				DO NOT WRITE IN THIS SPACE					
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.		tered office of re			th, in the State of F	lorida. I a		
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign Fir Trust Fund Contribution		\$5.0 Adde	00 May Be ed to Fees				
10.	OFFICERS AND	DIRECTORS							
TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DPST DELGADO, LAZARO O 65 NW 62ND AVE MIAMI, FL 33126	- -				U000 02/06/0	00614 7-800	156 14-013 150.00	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 of 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:

CITY-ST-ZIP TITLE NAME

STREET ADDRESS CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(AZARO DOSLENDO-PRES 01/25/07 (305)269-823