

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P99000019879 1. Entity Name OROCAFE USA INC.	
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Principal Place of Business 848 BRICKELL AVE STE 830 MIAMI, FL 33131	Mailing Address 848 BRICKELL AVE STE 830 MIAMI, FL 33131
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04072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0898344	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MARTIN, MIGUEL A MA MARTIN & ASSOCIATES 848 BRICKELL AVE STE 830 MIAMI, FL 33131
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**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ-ALBERT, CARLOS 848 BRICKELL AVE STE 830 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENAMORADO, KAREN 848 BRICKELL AVE STE 830 MIAMI, FL 33131
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04/25/05-80055-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: By: Carlos Perez-Albert Carlos Perez-Albert 4/7/05 (305)374-4422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #