

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000037180

Entity Name: ORSO, INC.

FILED
Feb 13, 2009
Secretary of State

Current Principal Place of Business:

390 N.E. 167 STREET
MIAMI BEACH, FL 33162

New Principal Place of Business:

1042 NE 91ST TERRACE
MIAMI SHORES, FL 33138

Current Mailing Address:

390 N.E. 167 STREET
MIAMI BEACH, FL 33162

New Mailing Address:

1042 NE 91ST TERRACE
MIAMI SHORES, FL 33138

FEI Number: 65-0914354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUBOFF, KENNETH R PA
10920 BISCAYNE BLVD.
MIAMI, FL 33161 US

Name and Address of New Registered Agent:

DONATO, MASUCCI
1256 NE 92ND STREET
MIAMI SHORES, FL 33138 US

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.

SIGNATURE: DONATO MASUCCI

02/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MASUCCI, DONATO
Address: 390 N.E. 167 STREET
City-St-Zip: MIAMI BEACH, FL 33162

Title: VD () Delete
Name: FERRARO, NICOLA
Address: 390 N.E. 167 STREET
City-St-Zip: MIAMI BEACH, FL 33162

Title: T (X) Delete
Name: MASUCCI, DONATO
Address: 390 N.E. 167 STREET
City-St-Zip: MIAMI BEACH, FL 33162

Title: S (X) Delete
Name: FERRARO, NICOLA
Address: 390 N.E. 167 STREET
City-St-Zip: MIAMI BEACH, FL 33162

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MASUCCI, DONATO
Address: 1256 NE 92ND STREET
City-St-Zip: MIAMI SHORES, FL 33138

Title: VSD (X) Change () Addition
Name: FERRARO, NICOLA
Address: 1042 NE 91ST TERRACE
City-St-Zip: MIAMI SHORES, FL 33138

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONATO MASUCCI

PTD

02/13/2009

Electronic Signature of Signing Officer or Director

Date