

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90141 019 ***150.00

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08172005 Chg-P CR2E034 (10/03)

DOCUMENT # P99000055188 1. Entity Name ORMASA INTERNATIONAL CORP.					
Principal Place of Business 777 NW 72ND AVENUE SUITE 1BB55 MIAMI, FL 33126			Mailing Address 777 NW 72ND AVENUE SUITE 1BB55 MIAMI, FL 33126		
2. Principal Place of Business 6109 NW 72 AVE.		3. Mailing Address 6109 NW 72 AVE.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 65-0929529	
Zip 33166		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAZOE, MARIA D 777 N.W. 72 AV STE 1BB55 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name TAZOE, MARIA DEL CARMEN Street Address (P.O. Box Number is Not Acceptable) 6109 NW 72 AVE. City MIAMI FL 33166		
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: <u><i>Maria del Carmen Tazoe</i></u> DATE: <u>9/1/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANZ, ORLANDO 777 NW AVE STE 1BB55 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT-SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SANZ, ORLANDO 6109 NW 72 AVE. MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAZOE, MARIA D 777 NW 72ND AVENUE, STE 1BB55 MIAMI, FL 33126 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TAZOE, MARIA DEL CARMEN 6109 NW 72 AVE. MIAMI, FL 33166	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Maria del Carmen Tazoe</i></u> PRESIDENT <u>9/1/05</u> (505) 883-8131 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					