


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90141 019 ***150.00

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

50065332



2. Principal Place of Business
6109 NW 72 AVE.

3. Mailing Address
6109 NW 72 AVE.

Suite, Apt. #, etc.

08172005 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33166 Country
USA

Zip
33166 Country
USA

4. FEI Number
65-0929529

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 State
FL Zip Code
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: *Maria del Carmen Tazoe* DATE: **9/1/05**

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

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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

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	P TAZOG, MARIA D 777 NW 72ND AVENUE, STE 1BB55 MIAMI, FL 33126	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT-SECRETARY SANZ, ORLANDO 6109 NW 72 AVE. MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT TAZOE, MARIA DEL CARMEN 6109 NW 72 AVE. MIAMI, FL 33166	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Maria del Carmen Tazoe* **PRESIDENT** DATE: **9/1/05** (505) 883-8131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #