

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S26585

FILED  
Apr 23, 2005  
Secretary of State

Entity Name: ORVI DISTRIBUTORS, INC.

**Current Principal Place of Business:**

P O BOX 375  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 375  
BELLE GLADE, FL 33430

**New Mailing Address:**

FEI Number: 65-0237423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARCHBOLD, ANGELO  
19213 NW 88 PL  
MIAMI, FL 33018      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: ARCHBOLD, ANGELO,  
Address: 19213 NW 88 PL  
City-St-Zip: MIAMI, FL 33018

Title: S      ( ) Delete  
Name: ARCHBOLD, MARIA  
Address: 19213 NW 88 PL  
City-St-Zip: MIAMI, FL 33018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: ANGELO ARCHBOLD

DP

04/23/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date