


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90012 037 ***158.75

DOCUMENT # S77851 1. Entity Name OROSZ, INC.	
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Principal Place of Business 5025 COLLINS AV #901 MIAMI, FL 33140	Mailing Address 5025 Collins Av 1220 COLLINS AVE., SUITE 330 MIAMI BEACH, FL 33139 33140
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DO NOT WRITE IN THIS SPACE



05172007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0286535	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**OROSZ, KATHRYN A
5025 COLLINS AVE
#901
MIAMI BEACH, FL 33140**

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

FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD OROSZ, KATHRYN ANN 5025 COLLINS AVE #2007 MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Kathryn A. Orosz 9/20/07 305/986-4583
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
KATHRYN A. OROSZ

ATTACHMENT

40117496
#577851

5/20/07

To: Florida Dept. of State/Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Fl. 32301

From: Kathryn Orosz
Orosz, Inc.
5025 Collins Avenue, #901
Miami Beach, Fl. 33140

To whom it may concern:

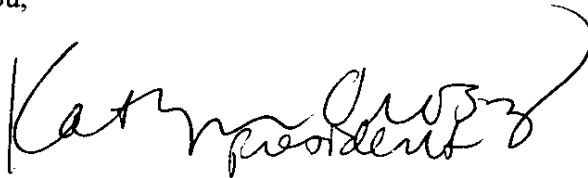
In April, while attempting to file on time, I found that your website had consistent technological difficulties. I enclose dated correspondence to prove this. I was unable to download the filing form for days in a row.

I had also sent the postcard by mail with my code # on it that was issued by you (in April) and never received the filing form by mail to submit with my check.

My assistant, Olga Quinones has since tried and finally downloaded the proper form.

I send now with the original fee (\$158.75) as none of this has been our fault. I am sure that it will suffice.

Thank-you,

A handwritten signature in black ink, appearing to read 'Kathryn Orosz' with a stylized flourish at the end.

Kathryn Orosz, Orosz Inc. President

Cc: Ms. Olga Quinones
Any questions please call Olga at 305) 538-3809

ATTACHMENT
40117496
Annual Report Form Creation

Note: Please make ALL checks payable to the Florida Department of State

NOTICE TO NOT FOR PROFIT CORPORATIONS SOLICITING CONTRIBUTIONS

The Department of Agriculture and Consumer Services, Division of Consumer Services, is now responsible for administering the Solicitation of Contributions Act, chapter 496, Florida Statutes. The Solicitation of Contributions Act requires charitable organizations or sponsors intending to solicit contributions from the public in the State of Florida to annually register with the Division of Consumer Services. Failure to comply with this act is a third degree felony.

For more information, contact the Division of Consumer Services, Department of Agriculture and Consumer Services, P.O. Box 6700, Tallahassee, Florida 32314 or call (850) 488-2221 or (800) 435-7352 (within Florida only) or at www.800helpfla.com.

Enter the entity document number below to create your pre-printed Annual Report form.

Document Number **S77851**

Note: On 12 digit document numbers,
only the first character is alphabetic.

The document number is located on the back
of the postcard above the business entity name

*Input my # into
system
- would not
Submit*

Can't find your document number?
Search the Division's records online by name.
(Note: This will open a new browser window)

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