

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S77851

Entity Name: OROSZ, INC.

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5025 COLLINS AV #901  
MIAMI, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5025 COLLINS AV #901  
MIAMI, FL 33140

**New Mailing Address:**

FEI Number: 65-0286535

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

OROSZ, KATHRYN A  
5025 COLLINS AVE  
#901  
MIAMI BEACH, FL 33140 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

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: OROSZ, KATHRYN ANN  
Address: 5025 COLLINS AVE #901  
City-St-Zip: MIAMI BEACH, FL 33140

I hereby 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 all other like empowered.

SIGNATURE: KATHRYN ANN OROSZ

PRES

04/14/2012

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

\_\_\_\_\_  
Date