

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # S93645

1. Entity Name
BLAWA OF ORLANDO, INC.



Principal Place of Business
**1215 GESSNER DRIVE
HOUSTON, TX 77055**

Mailing Address
**1215 GESSNER DRIVE
HOUSTON, TX 77055**



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0371317

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAMS, WARREN E.
28 W CENTRAL BLVD
ORLANDO, FL 32802**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000648544
03/07/07-80014-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
ST
SILVESTRI, LEA
STREET ADDRESS
3 OAKCREST DRIVE
CITY-ST-ZIP
HAMILTON, ONTARIO, L8T4B2

TITLE
NAME
VPD
SILVESTRI DANIEL
STREET ADDRESS
1215 GESSNER DRIVE
CITY-ST-ZIP
HOUSTON, TX 77055

TITLE
NAME
PD
SILVESTRI PAOLO
STREET ADDRESS
28 W CENTRAL BLVD
CITY-ST-ZIP
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/07 (713) 785-6272