


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000001692**

1. Entity Name  
 ROTUNDA PROPERTIES A.V.V. COMPANY



Principal Place of Business  
 C/O ORION INVESTMENT  
 9000 S.W. 152ND ST STE 106  
 MIAMI, FL 33157

Mailing Address  
 C/O ORION INVESTMENT  
 9000 S.W. 152ND ST STE 106  
 MIAMI, FL 33157



01202005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0246258

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BROWN, B. MACKAY ESQ  
 WHITE & BROWN, P.A.  
 9000 SW 152ND ST STE 102  
 MIAMI, FL 33157

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

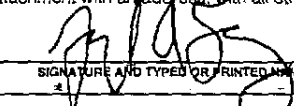
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD GESTOR, AGENCIA F 48 L.G. SMITH BLVD. ORANJESTAD, ARUBA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD GONZALEZ, HECTOR E 48 L.G. SMITH BLVD. ORANJESTAD, ARUBA,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANZ, JOSEPH A 9000 SW 152ND ST STE 106 MIAMI, FL 33157
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 04/30/05-80103-018 150.00

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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:  DATE: 4-15-05 DAYTIME PHONE #: 305-278-8400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR