

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91028 042 \*\*\*150.00

**DOCUMENT # F03000005532**

1. Entity Name

ORBE SERVICES, INC.



Principal Place of Business

6100 GLADES ROAD, SUITE 213  
BOCA RATON FL 33434

Mailing Address

6100 GLADES ROAD, SUITE 213  
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

48-0405625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, MORTON P ESQ.  
100 S.E. 2ND STREET, 17TH FLOOR  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Stephanie Andreoni  
Street Address (P.O. Box Number is Not Acceptable)  
6100 Glades Road  
STE 213  
City Boca Raton FL Zip Code 33434

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

4/29/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	MARTINEZ, JUVENCIO	
STREET ADDRESS	% CHENG, AVENIDA PRIMERA C, NORTE	
CITY-ST-ZIP	(EL CARMEN) NO 111 PANAMA 7	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DE MARTINEZ, ISABEL M	
STREET ADDRESS	% CHENG, AVENIDA PRIMERA C, NORTE	
CITY-ST-ZIP	(EL CARMEN) NO 111 PANAMA 7	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CACERES, AMED A	
STREET ADDRESS	% CHENG, AVENIDA PRIMERA C, NORTE	
CITY-ST-ZIP	(EL CARMEN) NO 111 PANAMA 7	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephanie Andreoni Stephanie Andreoni 4/29/04 218-3861