

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 # F0300005532
 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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



MOORE CR2E034 (11/03)

4. FEI Number: **98-0405625**
 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** State: **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: *Stephanie Andreoni* DATE: **4/29/04**
(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: *Stephanie Andreoni* **Stephanie Andreoni** Date: **4/29/04** Daytime Phone #: **218-3861**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR