

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005532

Entity Name: ORBE SERVICES, INC.

FILED
Apr 22, 2005
Secretary of State

Current Principal Place of Business:

6100 GLADES ROAD, SUITE 213
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

6100 GLADES ROAD, SUITE 213
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 48-0405625

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREONI, STEPHANIE
6100 GLADES ROAD
STE. 213
BOCA RATON, FL 33434 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: MARTINEZ, JUVENCIO
Address: % CHENG, AVENIDA PRIMERA C, NORTE
City-St-Zip: (EL CARMEN) NO 111 PANAMA 7,

Title: SD () Delete
Name: DE MARTINEZ, ISABEL M
Address: % CHENG, AVENIDA PRIMERA C, NORTE
City-St-Zip: (EL CARMEN) NO 111 PANAMA 7,

Title: TD () Delete
Name: CACERES, AMED A
Address: % CHENG, AVENIDA PRIMERA C, NORTE
City-St-Zip: (EL CARMEN) NO 111 PANAMA 7,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: STEPHANIE ANDREONI

ASST

04/22/2005

Electronic Signature of Signing Officer or Director

_____ Date