

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005532

FILED  
Apr 26, 2007  
Secretary of State

Entity Name: ORBE SERVICES, INC.

**Current Principal Place of Business:**

6100 GLADES ROAD, SUITE 213  
BOCA RATON, FL 33434 US

**New Principal Place of Business:**

**Current Mailing Address:**

6100 GLADES ROAD, SUITE 213  
BOCA RATON, FL 33434 US

**New Mailing Address:**

FEI Number: 98-0405625      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: CHENG, JOHN C  
Address: AVENIDA PRIMERA NO 111  
City-St-Zip: PANAMA, REP OF PANAMA, PA

Title: TD ( ) Delete  
Name: DE CHENG, ELSA ESCARTIN  
Address: AVENIDA PRIMERA NO 111  
City-St-Zip: PANAMA, REP OF PANAMA, PA

Title: SD ( ) Delete  
Name: RODRIGUEZ, IDA ENEIDA  
Address: AVENIDA PRIMERA NO 111  
City-St-Zip: PANAMA, REP OF PANAMA, PA

**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 Chapter 119, 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

RA

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date