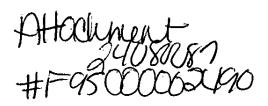
2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Aug 17, 2004 8:00 am Secretary of State DOCUMENT # F95000002490 1. Entity Name 08-17-2004 90003 007 ***150.00 ORBE DESIGNS, INC. Principal Place of Business Mailing Address 4444 SW 74TH AVE 4444 SW 74TH AVE 24080081 MIAMI FL 33155 MIAMI FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 13-3599233 Not Applicable Zin Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7.- Name and Address of New Registered Agent MARK, ALEJANDRA 4444 S.W. 74TH AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 \$5.00 May Be 9. Election Campaign Financing DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARK, ALEJANDRA NAME STREET ADDRESS 4444 SW 74TH AVE STREET ADDRESS MIAMI FL 33155 CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Change □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition . TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 a other like empowered.

SIGNING OFFICER OR DIRECTOR

FILED



Division of Corporations Annual Report Section P.O. Box 6850 Tallahassee, FL 32314

8/9/04

To whom it may concern;

I'm enclosing a check for the amount of \$150.00 (One Hundred and Fifty dollars) for 2004 Profit Corporation Annual Report.

I never received the first notice to pay this report.

I hope you take this into consideration.

Sincerely,

Alejandra Mark

Orbe Designs, Inc.