


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 17, 2004 8:00 am
Secretary of State

08-17-2004 90003 007 ***150.00

DOCUMENT # F95000002490			
1. Entity Name ORBE DESIGNS, INC.			
Principal Place of Business 4444 SW 74TH AVE MIAMI FL 33155 US		Mailing Address 4444 SW 74TH AVE MIAMI FL 33155 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent MARK, ALEJANDRA 4444 S.W. 74TH AVE MIAMI FL 33155		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State		S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC MARK, ALEJANDRA 4444 SW 74TH AVE MIAMI FL 33155 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Alejandra Mark</i>		8/9/04 305-260-0606	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

24080087



MOORE CR2E034 (4/04)

4. FEI Number **13-3599233** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Attachment
24080087
#F95000062490

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

Alejandra Mark
Orbe Designs, Inc.