


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90065 036 ***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 4839 SW 75th Ave Suite, Apt. #, etc.		3. Mailing Address 4839 SW 75th Ave Suite, Apt. #, etc.			
City & State MIAMI, FL Zip 33155		City & State MIAMI, FL Zip 33155		4. FEI Number 13-3599233	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 MARK, ALEJANDRA Street Address (P.O. Box Number is Not Acceptable) 4839 SW 75th Ave MIAMI, FL City MIAMI FL Zip Code 33155	
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 <u><i>Alejandra Mark</i></u> ALEJANDRA MARK 4-5-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
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: <u><i>Alejandra Mark</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-5-05 305-260-0606 <small>Date Daytime Phone #</small>		