2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 10, 2006 8:00 am **Secretary of State** DOCUMENT # M62933 1. Entity Name 02-10-2006 90007 034 ***150.00 ORBIS TRADE, INC. Principal Place of Business Mailing Address 104 CRANDON BLVD 104 CRANDON BLVD SUITE 319 SUITE 319 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 2. Principal Place of Business 3. Mailing Address MO BRICKELLBYE 111 BLICKERL AUC Suite. Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State HI, FLO RI DA Applied For 4. FEI Number 65-0017470 Not Applicable Country Zip \$8,75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARDO, MARIO RAUL Street Address (P.O. Box Number is Not Acceptable) 104 CRANDON BLVD #426 SUITE 421C 800 **KEY BISCAYNE FL 33149** 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Change TITLE TIRE ☐ Addition PARDO, MARIO R NAME NAME 1110 BRICKEL BUE-SUITE 800 STREET ADDRESS 104 CRANDON BLVD SUITE 421 C STREET ADDRESS CITY-ST-7IP KEY BISCAYNE FL 33149 CITY-ST-ZIP MANTI, FLOWED TITLE ☐ Delete TITLE Change ☐ Addition NAME PARDO, BEATRIZ G NAME STREET ADDRESS STREET ADDRESS 155 OCEAN LANE DR, #100 CITY-ST-7iP CITY-ST-ZIP **KEY BISCAYNE FL 33149** TITLE Delete TITLE Change ☐ Addition NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS Cily-SI-ZiP CITY-ST-ZIP Delete III) F TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 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 exemptions contained in Section 119, 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 appears, with all other like empowered.

FILED