

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000043018

FILED
Sep 01, 2005
Secretary of State**Entity Name:** ORION, LABS INC.**Current Principal Place of Business:**1850 NW 69 AVE
SUITE 1-3
PLANTATION, FL 33321**New Principal Place of Business:****Current Mailing Address:**1850 NW 69 AVE
SUITE 1-3
PLANTATION, FL 33321**New Mailing Address:****FEI Number:** 86-1142170**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**RINEHART, ELIZABETH
1850 NW 69 AVE
SUITE 1-3
PLANTATION, FL 33321 US**Name and Address of New Registered Agent:**DAALIEW, KOSTADIN
2750 N.W. 56TH AVENUE
APARTMENT 321
LAUDERHILL, FL 33313 US

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: KOSTADIN DAALIEW

09/01/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: RINEHART, ELIZABETH
Address: 6930 W. WEDGEWOOD AVENUE
City-St-Zip: DAVIE, FL 33331

Title: VP () Delete
Name: TURMERO, LUIS G
Address: 600 N.W. 36 STREET #219
City-St-Zip: MIAMI, FL 33137

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CAPRIOLI, FRANK
Address: 4379 S.W. 10TH PLACE - #106
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP (X) Change () Addition
Name: SNELL, DARPHINE
Address: 13721 N.W. 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SECR () Change (X) Addition
Name: CAPRIOLI, MICHAEL
Address: 2990 N.W. 7TH COURT
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: TREA () Change (X) Addition
Name: RINEHART, ELIZABETH A
Address: 6930 WEST WEDGEWOOD AVENUE
City-St-Zip: DAVIE, FL 33331

Title: DIR () Change (X) Addition
Name: HERNANDEZ, VIVIAN
Address: 6930 WEST WEDGEWOOD AVENUE
City-St-Zip: DAVIE, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL CAPRIOLI

VP

09/01/2005

Electronic Signature of Signing Officer or Director

Date