Apr 16, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION **ANNUAL REPORT** 04-16-2004 90067 019 ***150 00 **DOCUMENT # P01000094788** ORBIT GENERAL TRADING, INC. 94054132 Principal Place of Business Mailing Address -266 WILSHIRE BOULEVARD 266 WILSHIRE BOULEVARD SUITE 127 SUITE 127 CASSELBERRY, FL-32707 CASSELBERRY, FL 32707 2. Principal Place of Business 3. Mailing Address P.O. Box Suite, Apt. #, etc. 04132004 CR2E034 (10/03) Cha-P 4. FEI Number Applied For 80-0059259 Not Applicable \$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 KAUR, KASHMIR Street Address (P.O. Box Number is Not Acceptable) 286 WILSHIRE BOULEVARD SUITE 127 GASSELBERRY; FL-32707 BEACH 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. 04/13/2004 SIGNATURE X Kash mix (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change 400 PARQUE DR. #182 KAUR, KAHSMIR NAME NAME STREET ADDRESS 266 WILSHIRE BOULEVARD, SUITE 127 STREET ADDRESS ORMOND BEACH; FL 32174 CITY-ST-ZIP CASSELBERRY, FL-32707 CITY-ST-ZIP 400 PAR ONVE DR. # 182 TITLE TITLE Delete NAME SINGH, SANDEEP NAME 266 WILSHIRE BOULEVARD, SUITE 127 DRMOND BEACH; FL 32174 STREET ADDRESS STREET ADDRESS CASSELBERRY; FL-32707 CITY-ST-ZIP CITY-ST-ZIP Z SINGH, RAVINDER Whange □ Addition 400 PARQUE DR. #182 TITLE ☐ Delete TITLE SINGH; RAVINDRA NAME NAME 266 WILSHIRE BOULEVARD, SUITE 127 STREET ADDRESS STREET ADDRESS ORMOND BEACH; FL 32174 CITY-ST-ZIP CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE Delete TITLE 400 PARQUE DR. #182 SINGH, PIARA NAME NAME STREET ADDRESS 266 WILSHIRE BOULEVARD, SUITE 127 STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

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CITY-ST-ZIP

TITLE

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Kaur

CASSELBERRY: FL-32707

CITY-ST-ZIP

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Daytime Phone #

Change

Addition

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