FILED May 01, 2003 8:00 am Secretary of State

2003	FOR	PROFIT	CORPO	PRATION
UNIFO	RM B	USINES	S REPO	RT (UBR)

DOCUMENT # P0100094788 1. Enlity Name ORBIT GENERAL TRADING, INC.							03-05-2003	3 90044 ()16 ****.	130.00	
Principal Place of Business 266 WILSHIRE BOULEVARD SUITE 127 CASSELBERRY FL 32707		Mailing Address 266 WILSHIRE BOULEVARD SUITE 127 CASSELBERRY FL 32707		•							
2. Principal Place of Business		ess	3. Mailing Address			1 10 00 1,00	T 111 OBTOL 10011 OUNT OF	il ad rik d i hili il	HI 01011 1301	I ANDREA HAND HARB	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State		80-00	0057257. APPLIED FOR		P	_	pplied For lot Applicable	
Zip		Country	Zip	Cour			of Status Desired		8.75 Ac	ditional	
	6. Name	and Address of Current F	Registered Agent		T	7. Name and	Address of New Re				
-					Name			9	3		7
KAUR, KA	ASHMIR			-					₫		
	HIRE BOUL				Street Address (F	P.O. Box Number	is Not Acceptable)				1
SUITE 12					\ 						1
CASSELBERRY FL: 32707					City			FL	Zip Cod	de	4
8. The above	named entity	submits this statement for	the purpose of changing it	ts register	ed office or registere	ed agent or both	in the State of Flor	ida. Lam fa	miliar with	and accept	1
the obligat	tions of regist	ered agent.	, , , , , , , , , , , , , , , , , , ,							and accopt	1
. (I) CIÇMATURE		•					:				
-SIGNATURE	Signature, typed	of printed name of registered agent ar	nd title if applicable (NC	TE: Registere	d Agent signature required	when reinstating)	· ·	DATE			
	ILE NOW!	! FEE IS \$150.00									4
		3 Fee will be \$550.00	ļ				tion Campaign Fina t Fund Contribution			00 May Be	
Make Check	k Payable to	Florida Department of	State			lios	t Fund Contribution	ب .	Adde	o to rees	1
10.		OFFICERS AND C	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFFI	CERS AND	DIRECTOR	S IN 11]_
TITLE	PD	I I A A AITS	🖵 Delete	TITL				,	Change	Addition	\g
NAME	KAUR, KA		F 407	NAM	i						CR2E034 (10/02)
STREET ADDRESS			E 127	STRE							8
CITY-ST-ZIP	├ ──	HRT FL 32/U/			-ST-ZIP						18
TITLE NAME	STD	AINEED	☐ Delete	TITLE					Change	Addition	. წ
STREET ADDRESS	SINGH, SA	WINDER IIRE BOULEVARD, SUIT	E 197	NAM	ET ADDRESS						1
CITY-ST-ZIP		RRY FL 32707	L 161		-ST-ZIP						
TITLE .	D	3011 12 02/07	Delete	TITLE					Change	Addition	4
NAME	SINGH, RA	MNORA	L Delete	NAM	1		. س _د .	- '	"T custilité	☐ AQUATOR	1
- STREET ADDRESS -	266 WILSH	IRE BOULEVARD, SUITI	E-127-		ET ADDRESS		والمعطوع بالمناشب		,		
CITY - ST - ZIP		RRY FL 32707	- 12,	CITY	· ST- ZIP						
TITLE	D		Delete	TITLE					Change	Addition	7
NAME	SINGH, PI	NRA		NAM	E			•			
STREET ADDRESS	266 WILSH	iire Boulevard, Suiti	E 127	STRE	et address						
CITY-ST-ZIP	CASSELBE	RRY FL 32707		CITY	-ST-ZIP					_	1
TITLE			☐ Delete	TITLE					Change	Addition]
NAME		•		NAM							}
STREET ADDRESS					ET ADDRESS			•			
CITY-ST-ZIP					-ST-ZIP	·					{
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NAME STREET ADDRESS				NAME							
STREET ADDRESS CITY-ST-ZIP			u.	1	et address -St-Zip						1
	and first or an	1-f					<u> </u>				1
indicated	on this report	information supplied with the or supplemental report is the receiver or trustee among	us using does not qualify for rue and accurate and that	my signat	nption stated in Sec ure shall have the sa	iion 119.07(3)(i), ame legal effect a	riorida Statutes. I fi is if made under oa	urther certify th; that I am	that the ir an officer	ntermation or director]

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SKINNING OFFICER OR DERECTOR