

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 06, 2005 8:00 am**  
**Secretary of State**

09-06-2005 90138 034 \*\*\*158.75

**DOCUMENT # P02000036320**

1. Entity Name  
**ORION INFORMATION SERVICES, INC.**



Principal Place of Business  
**1680 MICHIGAN AVE SUITE 700  
MIAMI BEACH, FL 33139 US**

Mailing Address  
**1680 MICHIGAN AVE SUITE 700  
MIAMI BEACH, FL 33139 US**

2. Principal Place of Business

**3100 South Dixie Highway  
Suite 320**

3. Mailing Address

**3100 South Dixie Highway  
Suite 320**

City & State  
**Miami, FL**

City & State  
**Miami, FL**

Zip  
**33133**

Country  
**USA**

Zip  
**33133**

Country  
**USA**

09022005

Chg-P

CR2E034 (10/03)

4. FEI Number  
**04-3650273**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DEWITT, RICHARD J  
2000 PONCE DE LEON BLVD  
6TH FLOOR  
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
GJERDING, KRISTIAN  
1680 MICHIGAN AVE SUITE 700  
MIAMI BEACH, FL 33139** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
Kristian Gjerding  
3100 South Dixie Highway, Suite 320  
Miami, FL 33133** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DIRECTOR  
ERIK POVLSEN  
3100 South Dixie Highway, Suite 320  
Miami, FL 33133** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:** **ERIK POVLSEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9.02.05**

Date

**305 365 8400**

Daytime Phone #