


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000049762</b> 1. Entity Name <b>ORTHO-SERVICES INC.</b>		
Principal Place of Business <b>21911 SW 124 CT MIAMI, FL 33170</b>	Mailing Address <b>21911 SW 124 CT MIAMI, FL 33170</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MARRERO, HIMA 21911 SW 124 CT MIAMI, FL 33170</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when registering) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ACOSTA, LIVAN A 21911 SW 124 CT MIAMI, FL 33170	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARRERO, HIMA 21911 SW 124 CT MIAMI, FL 33170	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERNANDEZ, XIOMARA 21911 SW 124 CT. MIAMI, FL 33170	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 address, with all other like empowered.		
SIGNATURE: <u>Hima Marrero</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1/6/06</u> 305 310 4464 Daytime Phone #



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>61-1413518</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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03/07/06 00006-022 158.75

**DO NOT WRITE  
IN THIS SPACE**