

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90068 013 ***158.75

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1. Entity Name
ORTHO-SERVICES INC.



Principal Place of Business
**21911 SW 124 CT
MIAMI, FL 33170**

Mailing Address
**21911 SW 124 CT
MIAMI, FL 33170**

DO NOT WRITE IN THIS SPACE



02262007 No Chg-P CR2E034 (11/05)

4. FEI Number
61-1413518

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MARRERO, HIMA
21911 SW 124 CT
MIAMI, FL 33170**

**DO NOT WRITE
IN THIS SPACE**

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 reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	ACOSTA, LIVAN A
STREET ADDRESS	21911 SW 124 CT
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	PD
NAME	MARRERO, HIMA
STREET ADDRESS	21911 SW 124 CT
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	TD
NAME	FERNANDEZ, XIOMARA
STREET ADDRESS	21911 SW 124 CT.
CITY-ST-ZIP	MIAMI, FL 33170

**DO NOT WRITE
IN THIS SPACE**

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:

Hima Marrero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/07 305 310 4464