

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000057196

Entity Name: ORTHO DESIGN, INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

8320 SW 96TH STREET  
MIAMI, FL 33156 US

## New Principal Place of Business:

447 N.W. 73 AVENUE  
MIAMI, FL 3317 US

## Current Mailing Address:

P.O. BOX 15187  
PLANTATION, FL 33318

## New Mailing Address:

FEI Number: 32-0078499      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D/P ( ) Delete  
Name: BUKACHESKI, PETER  
Address: 8320 SW 96TH STREET  
City-St-Zip: MIAMI, FL 33156 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER BUKACHESKI

PRES

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date