

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90033 042 ***150.00

DOCUMENT # P04000045556

1. Entity Name

ORBISCORP SERVICES, CORP.



Principal Place of Business

50 SW 10TH ST SUITE 1004
MIAMI FL 33130

Mailing Address

50 SW 10TH ST SUITE 1004
MIAMI FL 33130



2. Principal Place of Business

50 SW 10TH ST.

3. Mailing Address

50 SW 10TH ST.

Suite, Apt. #, etc.

SUITE-1004

Suite, Apt. #, etc.

SUITE-1004

City & State

MIAMI- FL.

City & State

MIAMI- FL.

Zip

33130

Country

U.S.A

Zip

33130

Country

U.S.A

1st MOORE

CR2E034 (10/05)

4. FEI Number

04-3787660

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANTOS, EDUARDO E
50 SW 10TH ST SUITE 1004
MIAMI FL 33130

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

EDUARDO E. SANTOS

EDUARDO E. SANTOS

1/31/06

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTS ☐ Delete
NAME SERRANO M., SANTIAGO
STREET ADDRESS 50 SW 10TH ST SUITE 1004
CITY-ST-ZIP MIAMI FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

EDUARDO E. SANTOS

EDUARDO E. SANTOS

1/31/06

305-7752250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #