

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2005 8:00 am
Secretary of State

07-08-2005 90084 001 *****8.75
07-08-2005 90084 002 ***550.00

DOCUMENT # P04000120574	
1. Entity Name J, ORBEA, CORP.	



Principal Place of Business 1726 WHITE HERON BAY CIR ORLANDO, FL 32824 US	Mailing Address 1726 WHITE HERON BAY CIR ORLANDO, FL 32824 US
---	---

2. Principal Place of Business 13233 GREEN POINTE DR.		3. Mailing Address P.O. BOX 772228	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ORLANDO FLORIDA	City & State ORLANDO - FLORIDA	4. FEI Number 20-1512524	Applied For Not Applicable
Zip 32824	Country USA	Zip 32877	Country USA



05092005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent ORBEA, JIMMY 1726 WHITE HERON BAY CIR ORLANDO, FL 32824		7. Name and Address of New Registered Agent Name ORBEA Jimmy Street Address (P.O. Box Number is Not Acceptable) 13233 GREEN POINTE DR. City ORLANDO FL Zip Code 32824	
--	--	---	--

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]* DATE: 07-02-05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORBEA, JIMMY 1726 WHITE HERON BAY CIR ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. ORBEA JIMMY 13233 GREEN POINTE DR. ORLANDO FL 32824 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* DATE: 07-02-05 (407) 361-6747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR