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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 FEB 15 PM 12:57

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000080026

1. Entity Name
ORBEA HOLDING GROUP INC

Principal Place of Business	Mailing Address
9737 NW 41 STREET #461 DORAL, FL 33178	9737 NW 41 STREET #461 DORAL, FL 33178

02012007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOPER, SHAWN 9737 NW 41 STREET #461 DORAL, FL 33178	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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME TAYLOR, PAUL D STREET ADDRESS 9737 NW 41 STREET #461 CITY-ST-ZIP DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE V NAME COOPER, SHAWN STREET ADDRESS 9737 NW 41 STREET #461 CITY-ST-ZIP DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE T NAME O'LEARY, KEVIN STREET ADDRESS 9737 NW 41 STREET #461 CITY-ST-ZIP DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400088442494 02/15/07--01012--004 **750.00
TITLE S NAME COXIN, SHARON STREET ADDRESS 9737 NW 41 STREET #461 CITY-ST-ZIP DORAL, FL 33178	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 02-02-07 305-219-2550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Shawn Cooper