2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 A DOCUMENT # P97000019549 **Secretary of State** 1. Entity Name ORBITA CLEANING SERVICES, INC. Principal Place of Business Mailing Address 19051 SW 24 ST 19051 SW 24 ST MIRAMAR, FL 33029 MIRAMAR, FL 33029 CR2E034 (11/05) 04252006 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0735513 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GIMENO, RAFAEL DO NOT WRITE 19051 SW 24 ST MIRAMAR, FL 33029 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GIMENO, RAFAEL NAME 19051 SW 24 ST STREET ADORESS CITY-ST-ZIP MIRAMAR, FL 33029 U00000551774 05/13/06-80112-015 150.00 TITLE NAME STREET ADDRESS COY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or suppliemental 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:

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ii

Date

FILED