2003 FOR PROFIT CORPORATION

May 21, 2003 8:00 am & Secretary of State UNIFORM BUSINESS REPORT (UBR) P99000028781 DOCUMENT # 05-21-2003 90190 043 ***150.00 1. Entity Name ORBISTRADERS.COM, INC. Principal Place of Business Mailing Address 3619 W. KENNEDY BLVD. 29399 RANCHO CALIFORNIA RD. **TAMPA FL 33609** SUITE 200 TEMECULA CA 92591 3. Mailing Address 2. Principal Place of Business 44424 KINGSTON DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3566319 TEMECUL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAFLAMME, ANDRE Street Address (P.O. Box Number is Not Acceptable) 3619 W. KENNEDY BLVD. **TAMPA FL 33609** Zip Code purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for th the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State-OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PRES** ☐ Addition TITLE ☐ Delete TITLE Channe BIENVENUE, DAVID R NAME NAME 32364 CORRE CORONADO STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEMECULA CA 92592 CITY-ST-ZIP TITLE **VP** ☐ Delete TITLE ☐ Change ☐ Addition NAME LAFLAMME, ANDRE NAME **4540 WEST PARIS STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33614** CITY-ST-ZIP TITLE Delete_ TITLE ☐ Change ☐ Addition SEC_ NAME BIENVENUE, DAVID R NAME STREET ADDRESS 32364 CORTE CORONADO STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TEMECULA CA 92592 TITLE **TRES** ☐ Delete TITLE ☐ Change Addition NAME BIENVENUE, DAVID R NAME STREET ADDRESS 32364 CORTE CORONADO STREET ADDRESS CITY-ST-ZIP TEMECULA CA 92592 CITY-ST-ZIP TITLE ASTR ☐ Delete TITLE ☐ Change ☐ Addition NAME LAFLAMME, ANDRE NAME STREET ADDRESS STREET ADDRESS 4540 WEST PARIS STREET CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33614** ☐ Delete TITLE ☐ Change Addition NAME NAME

12. Thereby certify that the information supplied with this filling 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 iddress, with all other

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

كالا تا 🗢 تو د SIGNATURE AND TYPED OR PRINTED NAME OF SIGN