2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State
07-12-2004 90025 012 ***150.00

DOCUMENT # M24832

1. Entity Name
ORTEGA INDUSTRIES AND MANUFACTURING, CORP.

Principal Place of Business	Mailing Address
13281 N.W. 43 AVE. OPA LOCKA, FL 33054-4538	13281 N.W. 43 AVE. OPA LOCKA, FL 33054-4538

07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2631771
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTEGA, EUDELIO
6250 W. 6TH AVE.
HIALEAH, FL 33012

DO NOT WRITE 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ORTEGA, EUDELIO
STREET ADDRESS	6250 W. 6TH AVE.
CITY-ST-ZIP	HIALEAH, FL
TITLE	VD
NAME	ORTEGA, ARACELY
STREET ADDRESS	6250 W. 6TH AVE.
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment

54061639
#M24832

ORTEGA INDUSTRIES, INC

July 2, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

We would like to reinstate this corporation and we are requesting a late fee to be waived because we have not received any documents for this company since January 2003.

Attached please find a check for $150.00 to update my records.

Sincerely,

Eudelio Ortega

13281 NW 43 AVE OPALOCKA, FLORIDA 33055 PH 305-688-0090 FAX 305-688-9811