

**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
13281 N.W. 43 AVE.
OPA LOCKA, FL 33054-4538

Mailing Address
13281 N.W. 43 AVE.
OPA LOCKA, FL 33054-4538

03001000



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

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

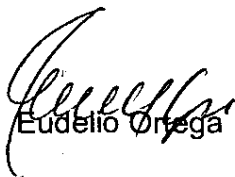
July 2, 2004

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