2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000044981

1. Entity Name
CAMILO ORTEGA, INC.

Principal Place of Business	Mailing Address
1401 S.W. 102ND COURT MIAMI, FL 33174	1401 S.W. 102ND COURT MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE

01292006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0685024	Not Applicable

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

6. Name and Address of Current Registered Agent

ORTEGA, CAMILO
1401 S.W. 102ND COURT
MIAMI, FL 33174

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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, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	ORTEGA, CAMILO
STREET ADDRESS	1401 S.W. 102ND COURT
CITY-ST-ZIP	MIAMI, FL 33174

TITLE	D
NAME	ORTEGA, ASELA
STREET ADDRESS	1401 S.W. 102ND COURT
CITY-ST-ZIP	MIAMI, FL 33174

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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02/13/06-80082-024 150.00

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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: X _CAMILO ORTEGA_   1/30/06   (305) 553-2846

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