

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000028857

FILED  
Mar 24, 2006  
Secretary of State

Entity Name: EXPORTACIONES CORTEZ INC

**Current Principal Place of Business:**

1440 JFK CSWY  
301  
NORTH BAY VILLAGE, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

1440 JFK CSWY  
301  
NORTH BAY VILLAGE, FL 33141 US

**New Mailing Address:**

FEI Number: 06-1681623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARMENATE, JIMMY  
626 E 28 ST  
HIALEAH, FL 33013 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PINTO DE CORTES, CARMEN G  
Address: 1440 JFK CSWY, SUITE 301  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: VD ( ) Delete  
Name: HERNANDEZ, JOSE LUIS C  
Address: 1440 JFK CSWY, SUITE 301  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: S ( ) Delete  
Name: CORTEZ PINTO, GRACIELA J  
Address: 1440 JFK CSWY, SUITE 301  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: T ( ) Delete  
Name: CORTEZ PINTO, LUIS AUGUSTO  
Address: 1440 JFK CSWY, SUITE 301  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: M ( ) Delete  
Name: GOTIORREZ, MARIA ELENA P  
Address: 1440 JFL CSWY, SUITE 301  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

Title: C ( ) Delete  
Name: GOTIERREZ, ANGEL ALFONSO P  
Address: 1440 JFL CSWAY, SUITE 301  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN G PINTO DE CORTES

PD

03/24/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date