


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000137247**


1. Entity Name  
**CABINETS BY ORTIZ INC**



Principal Place of Business      Mailing Address

14 HICKORY LOOP      14 HICKORY LOOP  
 Ocala, FL 34472 US      Ocala, FL 34472 US

**DO NOT WRITE IN THIS SPACE**



04282008    No Chg-P    CR2E034 (11/05)

4. FEI Number 20-1697284	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, JUAN  
 14 HICKORY LOOP  
 Ocala, FL FL

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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	P D ORTIZ, JUAN 14 HICKORY LOOP OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP D ORTIZ, MARIA 14 HICKORY LOOP OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORTIZ, JUAN JR 10603 SE 19TH CT OCALA, FL 34480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000933226  
 05/22/08-80088-008 150.00

**DO NOT WRITE IN THIS SPACE**

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:**  \_\_\_\_\_

(SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) \_\_\_\_\_

Date: 4-28-2008 Daytime Phone # \_\_\_\_\_