2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 12, 2007 08:00 AM Secretary, of State **DOCUMENT # P05000134616** 1. Entity Name JOSÉ U. ORTIZ, INC. Principal Place of Business Mailing Address **1758 22ND AVENUE 1758 22ND AVENUE** LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03062007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 65-0883210 Not Applicable Zlp Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTIZ, JOSE U Street Address (P.O. Box Number is Not Acceptable) **1758 22ND AVENUE** LAKE WORTH, FL 33460 City Zip Code 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) 9. Election Campaign Financing FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition ☐ Change NAME ORTIZ, JOSE U NAME STREET ADDRESS 1758 22ND AVENUE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP U00000662084 TITLE Delete TITLE ■ Addition ORTIZ, RAMONA NAME NAME 03/20/07-80068-021 150.0b STREET ADDRESS **1758 22ND AVENUE** STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PERALTA, RAMON GUSTABO NAME STREET ADDRESS 1758 22ND AVENUE STREET ADDRESS CITY-ST-ZIP LAKE WORTH, FL 33460 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete BTIF Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7iP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CTY-ST-ZP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

FILED