## **2008 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE:

## Mar 03, 2008 08:00 A Secretary of State DOCUMENT # P05000134616 1. Entity Name JOSE U. ORTIZ, INC. Principal Place of Business Mailing Address 1758 22ND AVENUE **1758 22ND AVENUE** LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 US CR2E034 (11/05) 01222008 No Cha-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0883210 Not Applicable \$8.75 Additional 5. Certificate of Status Desired $\Box$ 5. Name and Address of Current Registered Agent ORTIZ, JOSE U DO NOT WRITE **1758 22ND AVENUE** LAKE WORTH, FL 33460 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 argneture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ORTIZ, JOSE U STREET ADDRESS 1758 22ND AVENUE CITY-ST-ZIP LAKE WORTH, FL 33460 TITLE NAME ORTIZ, RAMONA U00000844856 03/13/08-80015-022 150.00 STREET ADDRESS 1758 22ND AVENUE CITY-ST-ZIP LAKE WORTH, FL 33460 TITLE NAME PERALTA, RAMON GUSTABO STREET ADORESS **1758 22ND AVENUE** DO NOT WRITE CITY-ST-ZIP LAKE WORTH, FL 33460 TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all object like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTO