

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S92328

FILED
Apr 16, 2009
Secretary of State

Entity Name: ORTIZ INSURANCE AGENCY, INC.

Current Principal Place of Business:

P.O. BOX 831927
MIAMI, FL 33283 US

New Principal Place of Business:

7440 SW 100 CT
MIAMI, FL 33283 US

Current Mailing Address:

P.O. BOX 831927
MIAMI, FL 33283 US

New Mailing Address:

FEI Number: 65-0288540 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORTIZ, VICTOR
7440 SW 100 CT
MIAMI, FL 33173 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: P () Delete
Name: ORTIZ, VICTOR
Address: 7440 SW 100 COURT
City-St-Zip: MIAMI, FL

Title: V () Delete
Name: OTIZ, SUSANA
Address: 7440 SW 100 COURT
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: ORTIZ, SUSANA
Address: 7440 SW 100 COURT
City-St-Zip: MIAMI, FL

I hereby certify that the information supplied with this filing does not qualify 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: VICTOR ORTIZ

PRES

04/16/2009

Electronic Signature of Signing Officer or Director

Date