


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90036 002 ***150.00

DOCUMENT # V47860

1. Entity Name
ORIZ, INC.



Principal Place of Business Mailing Address

**14545 SW 75TH ST
 MIAMI, FL 33183** **14545 SW 75TH ST
 MIAMI, FL 33183**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

40015400



01312006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For / Not Applicable

65-0348150

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ORTEGA, PEDRO
 14545 SW 75TH ST
 MIAMI, FL 33183**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	ORTEGA, PEDRO	
STREET ADDRESS	14545 SW 75TH ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ORTEGA, ANA MARIA	
STREET ADDRESS	14545 SW 75 ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ORTEGA, ANA E.	
STREET ADDRESS	14545 SW N ST	
CITY-ST-ZIP	MIAMI, FL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	ORTEGA, ERIKA S	
STREET ADDRESS	14545 SW 75TH ST	
CITY-ST-ZIP	MIAMI, FL 33183	
TITLE	DM	<input type="checkbox"/> Delete
NAME	ORTEGA, JORGE A	
STREET ADDRESS	14545 SW 75TH STREET	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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: _____ **2/8/2006** (305) 387-4600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #