

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000001348

**Entity Name:** ORTS ENTERPRISES, INC.

**Current Principal Place of Business:**

8350 SANDS POINT BLVD  
E106  
TAMARAC, FL 33321

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC9830337626**

**Current Mailing Address:**

8350 SANDS POINT BLVD  
E106  
TAMARAC, FL 33321

**FEI Number:** 94-3415446

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ORTS, JUAN  
8350 SANDS POINT BLVD  
E106  
TAMARAC, FL 33321 US

*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

**Officer/Director Detail :**

Title           PTSD  
Name           ORTS, JUAN  
Address        8350 SANDS POINT BLVD  
City-State-Zip: TAMARAC FL 33321

Title           VP  
Name           ESPINDOLA, NICOLE J  
Address        486 E. ELIZABETH DAY COVE.  
City-State-Zip: DRAPER UT 84020

*I hereby 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 all other like empowered.*

**SIGNATURE:** JUAN C ORTS

**PTSD**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date