## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 06, 2005 8:00 am Secretary of State DOCUMENT # M05305 04-06-2005 90105 018 \*\*\*150.00 JOAQUIN CORTIZO, INC. Principal Place of Business Mailing Address 3150 NW 7TH ST 3150 NW 7TH ST PO BOX 350014 - 33135 MIAMI FL 33125 PO BOX 350014 - 33135 MIAMI FL 33125 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State City & State 4. FEI Number 59-2447642 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDEZ, ADONAI Street Address (P.O. Box Number is Not Acceptable) 3150 NW 7TH ST **MIAMI FL 33125** 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 regi ed age<u>ht</u> ADONA MENDEZ SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 10. DM **Addition** DP TITLE TITLE ☐ Delete BCORTIZO NW THE STREET MENDEZ, ADONAI NAME NAME 3150 NW 7TH ST STREET ADDRESS STREET ADDRESS MIANI, FL. 33125 CITY-ST-ZIP MIAMI FL 33125 CITY-ST-ZIP ☐ Addition DT ☐ Delete TITLE Change TITLE MENDEZ, URIEL NAME NAME STREET ADDRESS 3150 NW 7 ST STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP CITY-ST-7IP ☐ Addition THILE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supply nental 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 of 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