


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90293 031 ***150.00

DOCUMENT # M05305 1. Entity Name JOAQUIN CORTIZO, INC.		
Principal Place of Business 3150 NW 7TH ST PO BOX 350014 - 33135 MIAMI FL 33125		Mailing Address 3150 NW 7TH ST PO BOX 350014 - 33135 MIAMI FL 33125
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	Zip
		Country
4. FEI Number 59-2447642		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent MELENDEZ, ADONAI 3150 NW 7TH ST MIAMI FL 33125		7. Name and Address of New Registered Agent Name ROSA B. CORTIZO Street Address (P.O. Box Number is Not Acceptable) 3150 NW 7th STREET City MIAMI FL Zip Code 33125
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 <i>Rosa B Cortizo</i> ROSA B CORTIZO 04/18/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE DM P <input type="checkbox"/> Delete NAME CORDTIZO, ROSA B STREET ADDRESS 3150 NW 7TH ST CITY-ST-ZIP MIAMI FL 33125	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DT <input type="checkbox"/> Delete NAME MELENDEZ, URIEL STREET ADDRESS 3150 NW 7 ST CITY-ST-ZIP MIAMI FL 33125	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S <input type="checkbox"/> Delete NAME ADONAI MELENDEZ STREET ADDRESS 3150 NW 7th STREET CITY-ST-ZIP Miami, Fl. 33125	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE <input type="checkbox"/> Delete 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 Section 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: <i>Rosa B Cortizo</i> ROSA B. CORTIZO 4/18/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE</small>		305-541-7023 <small>Daytime Phone #</small>

