


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A**  
**Secretary of State**

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
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04032008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2447642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CORTIZO, ROSA B  
 3150 NW 7TH ST  
 MIAMI, FL 33125

**DO NOT WRITE IN THIS SPACE**

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: *Rosa B Cortizo* President 04/02/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

U00000884777  
 04/17/08-80057-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM CORTIZO, ROSA B 3150 NW 7TH ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MENDEZ, URIEL 3150 NW 7 ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MENDEZ, ADONAI 3150 NW 7TH ST MIAMI, FL 33125
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: *Rosa B Cortizo* 04/02/08 305 541 7023  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ROSA B. CORTIZO