

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M24832

FILED  
Mar 10, 2005  
Secretary of State

**Entity Name:** ORTEGA INDUSTRIES AND MANUFACTURING, CORP.

**Current Principal Place of Business:**

13281 N.W. 43 AVE.  
OPA LOCKA, FL 330544538

**New Principal Place of Business:**

**Current Mailing Address:**

13281 N.W. 43 AVE.  
OPA LOCKA, FL 330544538

**New Mailing Address:**

**FEI Number:** 59-2631771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ORTEGA, EUDELIO  
6250 W. 6TH AVE.  
HIALEAH, FL 33012 US

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

NUNEZ, STUART  
1320 SOUTH DIXIE HIGHWAY  
SUITE 715  
CORAL GABLES, FL 33046 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:** STUART NUNEZ

03/10/2005

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ORTEGA, EUDELIO,  
Address: 6250 W. 6TH AVE.  
City-St-Zip: HIALEAH, FL

Title: VD ( ) Delete  
Name: ORTEGA, ARACELY  
Address: 6250 W. 6TH AVE.  
City-St-Zip: HIALEAH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DUBE, OMAR  
Address: 8225 NW 163 STREET  
City-St-Zip: MIAMI LAKES, FL 33016

Title: VD (X) Change ( ) Addition  
Name: DUBE, MAGDALENA  
Address: 8225 NW 163 STREET  
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

**SIGNATURE:** OMAR DUBE

PD

03/10/2005

Electronic Signature of Signing Officer or Director

Date