

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 AM
Secretary of State

DOCUMENT # M61612

1. Entity Name
LA PRESNA CENTROAMERICANA, INC.



Principal Place of Business

10404 W FLAGLER ST
20
MIAMI, FL 33174 US

Mailing Address

10404 W FLAGLER ST
20
MIAMI, FL 33174 US



04042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0049134

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ORTEGA, JOSE R
11150 S.W. 70 LANE
MIAMI, FL 33173

**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

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ORTEGA, GERARDO J
STREET ADDRESS 10404 W FLAGLER ST
CITY-ST-ZIP MIAMI, FL 33174

TITLE SD
NAME ORTEGA, FRANCISCO A SR
STREET ADDRESS 721 S.W. 102 AVENUE
CITY-ST-ZIP MIAMI, FL 33174

TITLE PD
NAME ORTEGA, FILEMO D
STREET ADDRESS 15665 S.W. 57 COURT
CITY-ST-ZIP MIAMI, FL 33193

TITLE D
NAME ORTEGA, JOSE R
STREET ADDRESS 11150 SW 70 LANE
CITY-ST-ZIP MIAMI, FL 33173

TITLE D
NAME RUIZ, LUISA O
STREET ADDRESS 14961 S.W. 75 TERRACE
CITY-ST-ZIP MIAMI, FL 33193

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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04/20/07-80028-004 150.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-2007

Date

Daytime Phone #