


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000008187 1. Entity Name THE ORTIZ GURDIAN FOUNDATION, INC.	
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Principal Place of Business 3191 CORAL WAY SUITE 801 MIAMI, FL 33145	Mailing Address 3191 CORAL WAY SUITE 801 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE



02282007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0426877	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 BRIELE, AIDA 220 MIRACLE MILE #203 CORAL GABLES, FL 33134	DO NOT WRITE IN THIS SPACE
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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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED ORTIZ DE MARTINEZ, CARLA 3191 CORAL WAY SUITE 801 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALONSO, FERNANDO 3191 CORAL WAY SUITE 801 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPOS RAMIREZ, TERESA 3191 CORAL WAY SUITE 801 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALDES-FAULI, DORA 3191 CORAL WAY SUITE 801 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ GURDIAN, PATRICIA 3191 CORAL WAY SUITE 801 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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03/29/07-80023-011 61.25

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 617, 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:  **03-15-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Carla Ortiz de Martinez