2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P000001119 ORTEGA'S, INC.	909			02-02-2004 9	0020 050 *	**150.00	
Principal Place	e of Business	Mailing Address	<u></u>			2400	5709	
		1946 N JOHNYONG PKWY KISSIMMEE, FL 34741				OUFA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
· · · · · · · · · · · · · · · · · · ·								
		J. Mailing Address 539 N. MTUS Ave. Suite, Apt. #, etc.					<u>(6010 1010 4</u> 11 1024	I
Suite, Apt. #, etc.		Suite, Mpt. #, etc.		01162004	Chg-P	CR2E034 ((0/03)	
		City & State Driando — T	Orlando, FL		731		Applied Fo	
Zip	Country	Zip 2 \ 0 1 2	Country	5. Certificate of	Status Desired		75 Additional Required	
	6. Name and Address of Current Re	52805		7. Name and A	ddress of New Re		<u> </u>	
		-giotal de Agent	Name			<u>g</u>		
MILLAN, OYUKI G 305 SEASHELL CT · KISSIMMEE, FL 34743			Street Address	(P.O. Box Number	is Not Acceptable)			
Section 1975 Annual Control of the C			City			.#. FL	Zip Code	
8. The above	named entity submits this statement for t	he purpose of changing its re	gistered office or registe	ered agent, or both,	in the State of Flor			
the obligati	ions of registered agent,	_	Treating to the second					
PROMOTE !	Signature, typed or printed name of registered agent and	title if applicable, — 1) 1996 (NOTE: R	egistered Agent signature requir	ed when re-nstating)		DATE ; ¬	Billion Town	."
• FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Trust Fund Contrib		5.00 May Be Ided to Fees		T. Sp. Mary's Manager (per		
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/C	HANGES TO OFFI	CERS AND DIR	ECTORS IN 11	
TITLE	P CALL ON THE C	☐ Delete	TITLE				Change 🔲 Add	lition
NAME STREET ADDRESS	MILLAN, OYUKI G 305 SEASHELL CT		NAME STREET ADDRESS					
CITY-ST-ZIP	KISSIMMEE, FL 34743		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change Add	lition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		□ Delete	TITLE				Change Add	lition
NAME		C Donce	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
title Name	}	☐ Delete	TITLE NAME			LJ	Change	Jition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP	·		CITY-ST-ZIP					
THTLE	`	☐ Delete	TITLE				Change	dition
NAME	المارية المارية		NAME					
STREET ADDRESS CITY-ST-ZIP	A The Committee of the	Çwiri,	STREET ADDRESS CITY-ST-ZIP	T 300 0				
TITLE		□ Delete	TITLE			П г	Change	dition
NAME	the manager appropriate the second	ייין הפופנה (וארולבי	NAME TO BE THE	en eps. Janep 1911		·		
STREET ADDRESS			STREET ADDRESS					
	Costs for		CITY+ST-ZIP	- 0 -1		. T. 1 *	The state of the s	
12. I hereby of indicated	certify that the information supplied with the long this report or supplemental report is to	nis tiling does not qualify for thrue and accurate and that my	ne exemption stated in S signature shall have the	Section 119.07(3)(i), e same legal effect	riorida Statutes. I as if made under o	turther certify thath; that I am a	iat the information officer or direct	on - tor

indicated on this report or supplemental reports true and accurate and that my signature shall have the same legal effect as it made under our interior of the corporation or the receiver or trustee exprowered 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: X

SIGNATURE AND TYPED ON PHINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #