


# FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P01000080497	
1. Entity Name Corrend Developers Holding	

FILED

11 JUN -1 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # 99 SW 7 Street		3. Mailing Address	
Suite, Apt. #, etc. B		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33130	Country USA	Zip	Country

CR2E034B (1/11)

4. FEI Number 75-3109368	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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	Name Jorge Ortega	
	Street Address (P.O. Box Number is Not Acceptable) 3538 Crystal Ct	
	City Coconut Grove	FL Zip Code 33133

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 Jorge Ortega DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.	E-mail Address: E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT Jorge A Ortega 99 SW 7 Street #B Miami FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPDT Roberto Ortega 99 SW 7 Street #B Miami FL 33130
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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15(1), F.S.

SIGNATURE: Jorge Ortega PDT DATE 5/10/11 Daytime Phone # 205-377-0390