

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000024304

1. Entity Name
ORTEGA'S AUTO SALES, INC.



Principal Place of Business
23337 HARBORVIEW ROAD
CHARLOTTE HARBOR, FL 33980

Mailing Address
23337 HARBORVIEW ROAD
CHARLOTTE HARBOR, FL 33980

FILED
05 APR 18 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04122005 No Chg-P CR2E034 (10/03)

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4. FEI Number
03-0414250

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORTEGA, BAYARDO
23337 HARBORVIEW ROAD
CHARLOTTE HARBOR, FL 33980

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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, 2005 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, BAYARDO
STREET ADDRESS 23337 HARBORVIEW ROAD
CITY-ST-ZIP CHARLOTTE HARBOR, FL 33980

TITLE TD
NAME ORTEGA, MYRIAM
STREET ADDRESS 23337 HARBORVIEW RD.
CITY-ST-ZIP PT. CHARLOTTE, FL 33780

TITLE VP
NAME ORTEGA, BAYARDO JR
STREET ADDRESS 23337 HARBOR VIEW RD.
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE S
NAME EVELIO, TAVERAS
STREET ADDRESS 23337 HARBORVIEW RD.
CITY-ST-ZIP PORT CHARLOTTE, FL 33980

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5/6/04 80039 007 150.00
over pay 2004

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 another like empowered.

SIGNATURE:

Myriam Ortega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/05 (941) 695-5272