

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90037 032 ***150.00

DOCUMENT # P03000017295																																																																																																																																																											
1. Entity Name J. ORTIZ PAINTING, INC.																																																																																																																																																											
Principal Place of Business 1436 HOLIDAY CT W PALM BCH, FL 33415			Mailing Address 1436 HOLIDAY CT W PALM BCH, FL 33415																																																																																																																																																								
2. Principal Place of Business 1565 QUAIL DR. #F-210		3. Mailing Address 1565 QUAIL DRIVE																																																																																																																																																									
Suite, Apt. #, etc. F-210		Suite, Apt. #, etc. F-210		02212005 Chg-P CR2E034 (10/03)																																																																																																																																																							
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL		4. FEI Number 36-4522293																																																																																																																																																							
Zip 33409 Country USA		Zip 33409 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent BELLIARD, ELIAS FOR TAXES & IMMIGRATION HELP, INC. 2072 S MILITARY TRAIL #11 W PALM BCH, FL 33415			7. Name and Address of New Registered Agent Name JAIME ORTIZ Street Address (P.O. Box Number is Not Acceptable) 1565 QUAIL DRIVE #F-210 City WEST PALM BEACH FL Zip Code 33409																																																																																																																																																								
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 <u>X Jaime Ortiz</u> DATE <u>3-26-2005</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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 all other like empowered. SIGNATURE: <u>X Jaime Ortiz</u> DATE <u>3-26-2005</u> Dayline Phone # <u>(561) 667-5232</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																																											