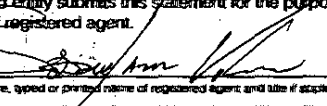
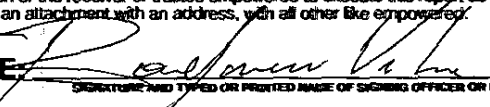


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90014 019 ***150.00

DOCUMENT # P03000090379 1. Entity Name ORTEGA INTERNATIONAL SERVICES, INC.					
Principal Place of Business 7734 W HILLSBOROUGH AVE TAMPA, FL 33615			Mailing Address 7734 W HILLSBOROUGH AVE TAMPA, FL 33615		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07212004 Chg-P CR2E034 (10/03)	
4. FEI Number 43-2024784				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RAMIREZ, RICHARD 375 TWELVE OAKS DR WINTER SPRINGS, FL 32708			Name Benjamin Valera Street Address (P.O. Box Number is Not Acceptable) 314 Wintergreen Drive City Winter Springs FL Zip Code 32708		
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  DATE 7-21-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	☐ Delete	TITLE	P Benjamin Valera ☐ Change ☒ Addition		
NAME		NAME	314 Wintergreen Drive		
STREET ADDRESS		STREET ADDRESS	Winter Springs, FL 32708		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	V Gloria E. Maldonado ☐ Change ☒ Addition		
NAME		NAME	7734 W. Hillsborough Ave		
STREET ADDRESS		STREET ADDRESS	Tampa, FL 33615		
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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  DATE 7-21-04 Daytime Phone #					