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2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/19/2004-90285-048-$150.00-$150.00

FILED
04 JUN 10 PM 12:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000103892

1. Entity Name
ORTIZ & SON ENTERPRISE, INC.

Principal Place of Business	Mailing Address
10381 SW 186 ST 2 FLR MIAMI, FL 33157	10381 SW 186 ST 2 FLR MIAMI, FL 33157

04142004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-0277920 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ORTIZ, DONACIANO
19000 SW 168 ST
MIAMI, FL 33187

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ORTIZ, DONACIANO 19000 SW 168 ST MIAMI, FL 33187	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Donaciano Ortiz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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SOUTHWEST ACCOUNTING CENTER, INC.

P.O.Box 971577
10381 SW 186 St
Miami, Fl 33197-1577

Phone 305-255-2511
Email: swacctg@bellsouth.net

Fax 305-255-7313

May 20, 2004

Division of Corporations
PO Box 6327
Tallahassee, Fl 32314

Gentlemen:

Enclosed is your letter requesting additional information regarding our client, Ortiz & Son Enterprise, Inc.

Sorry for the delay but we actually did not receive this letter until about a week ago. For some reason it must of been placed in someone's elses mailbox and finally forwarded to us.

Thank you so much for your attention in this matter.

Sincerely,

SOUTHWEST ACCOUNTING CENTER INC

Regina Lloret
President

ORTIZ & SON ENTERPRISE INC

Donaciano Ortiz
President

RLL/sa

enc