2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empty

SIGNATURE:

FILED Jan 30, 2006 08:00 AN DOCUMENT # P03000155197 1. Entity Name **Secretary of State** ALODIA ORTEGO INC. Mailing Address Principal Place of Business 704 S..W. 17TH AVENUE 704 S..W. 17TH AVENUE SUITE 1 MIAMI FL 33135 MIAMI FL 33135 2. Principal Place of Business 3. Mailing Adoress Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State 4. FEI Number Applied For City & State 20-0693875 Not Applicable Z₁p Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Regulred 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ORTEGO, ALODIA Street Address (P.O. Box Number is Not Acceptable) 704 S.W. 17TH AVENUE SUITE 1 MIAMI FL 33135 Zip Code City 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 |) am familiar with, and access the obligations of registered agent. SIGNATURE DATE Signature hypikid or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May P After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Delete TITLE ☐ Change Avuiti TITLE NAME ORTEGA, JOSE A U00000407303 STREET ADDRESS STREET ADDRESS 704 S.W. 17TH AVENUE, SUITE 1 02/08/06-80012-015 150.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33135 Change Artenia TITLE ☐ Delete MANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ AddSii TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change Change 🔲 Additio ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Change ☐ ☐ Adding ☐ Delete TITLE TITLE MAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change Add:: TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Block 11

305-643-2700

Davime Phone 8