## -2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000079447

Entity Name

ORTIZ PROPERTY INVESTMENTS, INC.



Principal Place of Business

120 WOODGLEN CT. OLDSMAR, FL 34677 Mailing Address

120 WOODGLEN CT. OLDSMAR, FL 34677

## FILED Feb 27, 2006 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

02212006 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2174138 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, RAMON F 120 WOODGLEN CT. OLDSMAR, FL 34677

## DO NOT WRITE IN THIS SPACE

				IN THIS SPACE		
	named entity submits this statement for the p tions of registered agent.	trpase of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE.	Signalute, typed or printed name of registered agent and title if	applicable (NOTE: Registered Ac	gent signature	required when reinstaling)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financial     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
NAME STREET ADDRESS	PD ORTIZ, RAMON F 120 WOODGLEN CT.	TORS				
CITY-ST-TOP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OLDSMAR, FL 34877  V ORTIZ, ESTHER 120 WOODGLEN CT. OLDSMAR, FL 34677				000000449867 03/09/ <b>06</b> 0007 <b>0</b> -024 150.00	
TITLE MAME STREET ADDRESS CITY-ST-ZIP	ST ORTIZ, STEPHANIE M 120 WOODGLEN CT. OLDSMAR, FL 34677			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN T	THIS SPACE	
THTLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET AUDRESS						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statules. I further certify that the information indicated on this report of 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 time 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:

CITY-ST-ZIP

SHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

737-784-0939 Deyttma Phana #