2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State

DOCUMENT # P04000102407 1. Entity Name AURELIO ORDONEZ INC.						03-31-2005	5 90048 024 ***15	50.00
Principal Place of Business		Mailing Address						
11364 SW 181 ST MIAMI, FL 33157		11364 SW 181 ST MIAMI, FL 33157				7		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03282005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Number	-0874	589 A	oplied For ot Applicable
Zip	Country Zip Coun		Count	ry		of Status Desired	\$8.75 Ad	
·	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name and	Address of New F	Registered Agent	
				Name AURELIO ORDONEZ				
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.			•	Street Address (P.O. Box Number is Not Acceptable)				
4TH FLOOR MIAMI, FL 33145			11364	sw. 18	ι ςτ.			
				City M	LAMI		FL Zip Coo	3157
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								and accept
the obligations of registered agent. AURELIO ORDONEZ PRESIDENT 3/28/05								
SIGNATURE 4 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renatating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						:		
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	FICERS AND DIRECTOR	S IN 11
TITLE	PVTD ORDONEZ, AURELIO	☐ Delete	TITLE	1			☐ Change	Addition
NAME STREET ADDRESS.	11364 SW 181 ST	•	NAME	ET ADDRESS				•
CITY-ST-ZIP	MIAMI, FL 33157		CITY-	-S1-ZIP				
TATLE	\$	☐ Delete	TITLE	1			☐ Change	Addition
NAME STREET ADDRESS	LUNN, ANA 11364 SW 181 ST		NAME	ET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33157		B B	-ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME Street Address								
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0111 01-211			STREE	E Et address -St-zip				
TITLE		☐ Delete	STREE CITY -	ET ADDRESS -SI-ZIP			☐ Change	Addilion
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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. AURELIO OLDONEZ PRESIDENT

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

(786) 251 - 6382

Daytime Phone #