2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jun 19, 2006 8:00 am Secretary of State 06-19-2006 90004 019 ***150.00 DOCUMENT # P05000019952 1. Entity Name ORTIZ INSTALLATION, CORP. Principal Place of Business Mailing Address 1036 SW 3RD STREET APT, 3 1036 SW 3RD STREET APT. 3 MIAMI, FL 33130 MIAMI, FL 33130 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06082006 CR2E034 (11/05) City & State City & State 4. EEI Number Applied For 20 24574 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ORTIZ, LUIS A Street Address (P.O. Box Number is Not Acceptable) 1036 SW 3RD STREET APT. 3 MIAMI, FL 33130 City 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 9. Election Campaign Financing \$5.00 мау Ве FILE NOWIII FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Addition TITLE Delete TITLE Change ORTIZ, LUIS A NAME NAME 1036 SW 3RD STREET APT. 3 STREET ADDRESS STREET ADDRESS MIAMI, FL 33130 City-St-7P CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7(P ☐ Delete TITLE ☐ Change ■ Addition THLE 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 filling does not qualify for the exemptions contained in Chapter 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 truetee 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 a powered.

THLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED MAME OF SIGNING OFFICER OR DIRECTOR

Delete

FILED

Daylime Phone #

☐ Change

■ Addition