

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90032 042 ***150.00

DOCUMENT # P05000019952					
1. Entity Name ORTIZ INSTALLATION, CORP.					
Principal Place of Business 1036 SW 3RD STREET APT. 3 MIAMI, FL 33130			Mailing Address 1036 SW 3RD STREET APT. 3 MIAMI, FL 33130		
2. Principal Place of Business - No P.O. Box # 2393 NW 35 ST		3. Mailing Address 2393 NW 35 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07162008 Chg-P CR2E034 (12/06)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 20-2457405	
Zip 33142		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ORTIZ, LUIS A 1036 SW 3RD STREET APT. 3 MIAMI, FL 33130			7. Name and Address of New Registered Agent Name: ORTIZ Luis A. Street Address (P.O. Box Number is Not Acceptable): 2393 NW 35 ST City: MIAMI FL Zip Code: 33142		
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:  DATE: 7/16/08					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORTIZ, LUIS A 3512 E B AVE HIALEAH, FL 33013	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ORTIZ Luis A. 2393 NW 35 ST MIAMI FL 33142	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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 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: 			Date: 7/16/08 Daytime Phone #: 305 219 4574		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					