


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2006 8:00 am**  
**Secretary of State**

03-14-2006 90013 005 \*\*\*150.00

<b>DOCUMENT # P05000116038</b> 1. Entity Name <b>ORDAZ INVESTMENTS, CORP.</b>			
Principal Place of Business <b>3871 SW 169 TERRACE MIRAMAR, FL 33027</b>		Mailing Address <b>3871 SW 169 TERRACE MIRAMAR, FL 33027</b>	
2. Principal Place of Business <b>10300 W Forest Hill Blvd</b> Suite, Apt. #, etc. <b>Suite 148</b>		3. Mailing Address <b>10300 Forest Hill Blvd</b> Suite, Apt. #, etc. <b>Suite 148</b>	
City & State <b>Wellington FL</b>		City & State <b>Wellington FL</b>	
Zip <b>33414</b>		Zip <b>33414</b>	
Country 		Country 	
4. FEI Number <b>20-3363302</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>QUESADA, JOSE 3871 SW 169 TERRACE MIRAMAR, FL 33027</b>		7. Name and Address of New Registered Agent Name <b>QUESADA, Jose</b> Street Address (P.O. Box Number is Not Acceptable) <b>10300 W Forest Hill Blvd. Suite 148</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete <b>QUESADA, JOSE 3871 SW 169 TERRACE MIRAMAR, FL 33027</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>QUESADA, Jose 10300 W Forest Hill Blvd. Suite 148 Wellington, FL 33414</b>
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
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
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.			
<b>SIGNATURE: Jose Quesada Jose Quesada</b>		<b>03/03/06 (601) 482-5703</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	