2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 20, 2006
Secretary of State

DOCUMENT# P05000134941

Entity Name: AGUITAS ORTEGA INC

Current Principal Place of Business:

5551 JOHNSON RD LOT 52
COCONUT CREEK, FL 33073

New Principal Place of Business:

7840 WEST SAMPLE RD
MARGATE, FL 33065

Current Mailing Address:

5551 JOHNSON RD LOT 52
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 20-3595150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTEGA, ANGEL F
5551 JOHNSON RD LOT 52
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: ORTEGA, ANGEL F
Address: 5551 JOHNSON RD LOT 52
City-St-Zip: COCONUT CREEK, FL 33073

Title: VD ( ) Delete
Name: ORTEGA, MARIA M
Address: 5551 JOHNSON RD LOT 52
City-St-Zip: COCONUT CREEK, FL 33073

Title: SD ( ) Delete
Name: MARTINEZ, SANTIAGO B
Address: 5551 JOHNSON RD LOT 52
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: LOZANO, ALIX D
Address: 3920 NW 11TH STREET
City-St-Zip: COCONUT CREEK, FL 33066

Title: VD (X) Change ( ) Addition
Name: ORTEGA, ANGEL F
Address: 5551 JOHNSON RD LOT 52
City-St-Zip: COCONUT CREEK, FL 33073

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALIX DERLY LOZANO PD 12/20/2006

Electronic Signature of Signing Officer or Director — Date