

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90009 005 ***150.00

DOCUMENT # P05000141450

1. Entity Name
ORTEGON ENTERPRISES, INC.



Principal Place of Business
**4951 REGINA CT.
W. PALM BEACH, FL 33415**

Mailing Address
**4951 REGINA CT.
W. PALM BEACH, FL 33415**

40044326



03302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

6012 Azalea Cir

3. Mailing Address

6012 Azalea Cir

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Palm Beach

City & State
West Palm Beach

4. FEI Number
41-2817003

Applied For
Not Applicable

Zip
33415

Country
US

Zip
33415

Country
US

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ORTEGON, RODRIGO
4951 REGINA CT.
W. PALM BEACH, FL 33415**

7. Name and Address of New Registered Agent

Name **Joseph K. Nolan, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

3284 N. State Rd 7

City **Rand Lakes**

FL

Zip Code **33319**

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)

3/30/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	ORTEGON, RODRIGO	
STREET ADDRESS	4951 REGINA CT.	
CITY - ST - ZIP	W. PALM BEACH, FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORTEGON, ALEXANDER	
STREET ADDRESS	4951 REGINA CT.	
CITY - ST - ZIP	W. PALM BEACH, FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6012 Azalea Cir	
CITY - ST - ZIP	West Palm Beach, FL 33415	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6012 Azalea Cir	
CITY - ST - ZIP	West Palm Beach, FL 33415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/06 **(954) 257-1312**
Date Daytime Phone #