

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90040 046 \*\*\*158.75

<b>DOCUMENT # P06000023798</b> 1. Entity Name <b>JOSE HERIBERTO CORTEZ SERVICE, INC.</b>					
Principal Place of Business      Mailing Address <del>XXXXXXXXXX</del> 81 NW 35 PL <del>XXXXXXXXXX</del> 81 NW 35 PL <del>XXXXXXXXXX</del> OAKLAND PK, FL <del>XXXXXXXXXX</del> OAKLAND PL FL. 33309 <del>XXXXXXXXXX</del> 33309 <del>XXXXXXXXXX</del>					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04232008    Chg-P    CR2E034 (12/06)	
City & State Zip      Country		City & State Zip      Country		4. FEI Number <b>APPLIED FOR</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>RAMIREZ, GUSTAVO</b> <b>12328 EQUINE LN</b> <b>WELLINGTON, FL 33414</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City      FL      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:       DATE: _____ <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</b> <b>After May 1, 2008 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	<input type="checkbox"/> Delete CORTEZ, JOSE H      81 NW 35 PL. <del>XXXXXXXXXX</del> OAKLAND PK <del>XXXXXXXXXX</del> FL. 33309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: _____      Daytime Phone: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					