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Secretary of State

05-11-2007 90030 004 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

DOCUMENT # P06000041216

1. Entity Name
CLAUDIA ORDONEZ P.A.

Principal Place of Business	Mailing Address
956 NW 135 TERRACE PEMBROKE PINES, FL 33028	956 NW 135 TERRACE PEMBROKE PINES, FL 33028

66020093

04272007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Keller williams Realty		16570 Sw 37 ST	
Suite, Apt. #, etc. 2000 NW 150Th AV.		Suite, Apt. #, etc. Florida	
City & State Sheridan Floride		City & State Miramar	
Zip 33028	Country Broward	Zip 33027	Country Broward

4. FEI Number 20-4556341 ☒ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

ORDONEZ, CLAUDIA
956 NW 135 TERRACE
PEMBROKE PINES, FL 33028

Claudia Ordónez
16570 Sw 37ST
33028 miramar
Broward

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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORDONEZ, CLAUDIA 956 NW 135 TERRACE PEMBROKE PINES, FL 33028	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Ordoñez claudia 16570 Sw 37ST miramar Fl 33027	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Claudia Ordoñez P.A. 04 26 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #