

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90102 007 ***150.00

DOCUMENT # P06000081045

1. Entity Name

VORTEX CONSTRUCTION CORPORATION



Principal Place of Business

13945 SW 24 STREET
MIAMI FL 33175

Mailing Address

13945 SW 24 STREET
MIAMI FL 33175



2. Principal Place of Business - No P.O. Box #

13945 S.W. 24 ST.

Suite, Apt. #, etc.

3. Mailing Address

13945 S.W.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

4. FEI Number

20-5046649

Applied For

Not Applicable

Zip

33175

Country

U.S.A.

Zip

33175

Country

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

QUINONEZ, MIGUEL A
13945 SW 24 STREET
MIAMI FL 33175

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
Make Check Payable to Florida Department of State

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 P ☐ Delete
NAME QUINONES, MIGUEL A
STREET ADDRESS 13945 SW 24 STREET
CITY - ST - ZIP MIAMI FL 33175

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-07 305-551-3347

Date

Daytime Phone #