

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000109968

**FILED**  
**Mar 19, 2008**  
**Secretary of State**

**Entity Name:** ORTIZ-PARRA DEVELOPMENT GROUP, CORP.

**Current Principal Place of Business:**

2920 W. LAKE VISTA CIRCLE  
DAVIE, FL 33328 US

**New Principal Place of Business:**

8300 S PALM DRIVE  
PEMBROKE PINES, FL 33025 US

**Current Mailing Address:**

2920 W. LAKE VISTA CIRCLE  
DAVIE, FL 33328 US

**New Mailing Address:**

1881 NW 123RD AVE  
PEMBROKE PINES, FL 33026 US

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORDERO & ASSOCIATES, P.A.  
200 S. BISCAYNE BLVD.  
SUITE #4650  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

ORTIZ, LELIS  
1881 NW 123RD AVE  
PEMBROKE PINES, FL 33026 US

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: LELIS ORTIZ

03/19/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PARRA, ALICIA  
Address: 2920 W. LAKE VISTA CIRCLE  
City-St-Zip: DAVIE, FL 33328 US

Title: VP ( ) Delete  
Name: ORTIZ, LELIS  
Address: 2920 W. LAKE VISTA CIRCLE  
City-St-Zip: DAVIE, FL 33328 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: LELIS ORTIZ

VP

03/19/2008

Electronic Signature of Signing Officer or Director

Date