## 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P07000119227

Entity Name: ORTIZ LOGISTIC SERVICES, INC.

FILED Jul 30, 2008 Secretary of State

501 SOUTH STREET 1225 BENNET DRIVE

FERN PARK, FL 32730 132

LONGWOOD, FL 32750

**Current Mailing Address: New Mailing Address:** 

501 SOUTH STREET 1225 BENNET DRIVE FERN PARK, FL 32730

LONGWOOD, FL 32750

FEI Number: 26-1334763 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

ARIAS, JENNIFER ORTIZ, DANIEL 501 SOUTH STREET 501 SOUTH STREET

FERN PARK, FL 32730 US US FERN PARK, FL 32730

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: DANIEL ORTIZ 07/30/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

ORTIZ, SECUNDINA Name: Name: ORTIZ, DANIEL 501 SOUTH STREET 501 SOUTH STREET Address: Address: City-St-Zip: FERN PARK, FL 32730 City-St-Zip: FERN PARK, FL 32730

( ) Delete Title: VΡ Title: VP/D (X) Change ( ) Addition

ARIAS, JENNIFER Name: Name: MOREL. ANTHONY 501 SOUTH STREET 5000 CATSPAW CT. Address: Address: FERN PARK, FL 32730 ORLANDO, FL 32808 City-St-Zip: City-St-Zip:

Title: ( ) Delete Title: T/D ( ) Change (X) Addition

AIRAS, JENNIFER Name: Name: 117 S. CORTEZ AVE. Address Address: City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Delete Title: ( ) Change (X) Addition

ORTIZ JR, JOEL Name: Name: Address: Address: 501 SOUTH STREET City-St-Zip: City-St-Zip: FERN PARK, FL 32730

Title: Title: () Delete ( ) Change (X) Addition

ORTIZ, JULIO Name: Name: Address: Address: 1117 MANGIAN AVE City-St-Zip: City-St-Zip: OVIEDO, FL 32765

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.

VΡ SIGNATURE: ANTHONY MOREL 07/30/2008