
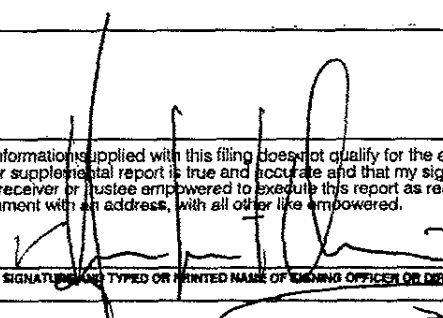


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000034018		
1. Entity Name ORTIZ EXPORTING INC.		
Principal Place of Business 16425 COLLINS AVE 5-A SUNNY ISLES, FL 33160	Mailing Address 16425 COLLINS AVE 5-A SUNNY ISLES, FL 33160	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent KONDLA, RICHARD F 9555 KENDALL DR STE 201 MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000144913 04/30/04-80148-004 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, HUMBERTO 16425 COLLINS AVE SUITE 5A SUNNY ISLES, FL 33160	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ORTIZ, LINDA 16425 COLLINS AVE SUITE 5A SUNNY ISLES, FL 33160	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  _____ <small>SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date _____ Daytime Phone # _____		