2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 31, 2008 08:00 Al Secretary of State No Cha-P CR2E034 (11/05) 03252008 Applied For 4. FEI Number 65-0580457 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required IN THIS SPACE (NQTE: Registered Agent signature required when reinstating)

DOCOMENT # 1 24000000000	DOCUMENT	# P940	00093809
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1 Entity Name JORGIE PORGIE, INC.



Principal Place of Business

SIGNATURE

Mailing Address

395 N. ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166

395 N. ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

DO NOT WRITE

DE CARDENAS, JORGE 395 N. ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166

8. The above named entity su	Ibmits 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	d agent.	

FILE NOW!!! - FEE IS \$150.00

9. Election Campaign Financing

--\$5:00-May jie Added to Fees

Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PD NAME DE CARDENAS, JORGE STREET ADDRESS 395 N. ROYAL POINCIANA BLVD. CITY-ST-ZIP MIAMI SPRINGS, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-7IP TITI F NAME

DO NOT WRITE N THIS SPACE

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO