

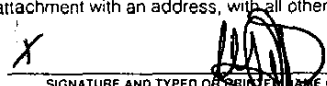


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 03, 2004 8:00 am
Secretary of State

03-24-2004 90044 030 ***150.00
06-03-2004 90003 013 ***150.00

| | | | | | |
|---|--|--------------------------------|---|---|--|
| DOCUMENT # P96000041682 1. Entity Name GARCIA-ORTELA PROPERTIES, INC | | | |  | |
| Principal Place of Business 330 SW 27th Avenue, #509 MIAMI, FL 33135 | | | | Mailing Address | |
| 2. Principal Place of Business 330 SW 27th Avenue | | 3. Mailing Address | | <div style="font-size: 24px; font-weight: bold;">04000340</div>  <div style="font-weight: bold;">MOORE CR2E034 (11/03)</div> | |
| Suite, Apt. #, etc. #509 | | Suite, Apt. #, etc. | | | |
| City & State MIAMI, FL | | City & State | | | |
| Zip 33135 | | Zip | | | |
| Country USA | | Country | | 4. FEI Number 650671769 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent GARCIA-ORTELA, MIRIAM 330 SW 27th AVENUE, STE 509 MIAMI, FL 33135 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State | | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD GARCIA-ORTELA, MIRIAM 2555 COLLINS AVE., #2106 MIAMI BEACH, FL | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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:  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone: _____ | | | | | |