## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 02, 2004 08:00 AM Secretary of State

DOCUMENT # P97000013348  1. Entity Name ORTEGA MOVING ENTERPRISES OF MIAMI CORP								Se	cretar	y of S	State
Principal Place of Business 18300 SW 112TH COURT MIAMI, FL 33157				Mailing Address 18300 SW 112TH COURT MIAMI, FL 33157							
2. Principal Place of Business			3.	Mailing Address							
Suite, Apt # etc				Suite Apt #, etc			03232004	Chg-P	CR2E03	4 (10/03)	
City & State			(	City & State			4. FEI Number 65-073:				plied For I Applicable
Zip	Country			Zip Coun		ılry	5. Certificate	of Status Desired		8.75 Addi ee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
ORTEGA, JESUS 18300 SW 112TH COURT MIAMI, FL 33157						Street Address (P.O. Box Number is Not Acceptable)					
						City Zip Code					
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 Scratte, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required with									DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution							5.00 May Be ded to Fees				
10.	OFFICERS AND			CTORS Delete		ADDITIONS/	CHANGES TO OFF		DIRECTORS  Change	Addition	
TITLE NAME STREET AUDRESS CITY-ST-ZIP	ORTEGA, JESUS 18300 SW 112TH COURT MIAMI, FL 33157			La Delete							_
TITLE NAME STREET ADDRESS CITY ST ZIP						· I		in here) Propa	5 시설(1952) - 53 (1952)	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST-ZIP				☐ Defelle						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY ST ZIP				☐ Delete	•					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY: ST: ZIP				☐ Belete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ME Eet aodfregg (-st-zip				☐ Change	Addilion
indicated of the coi	l on this repo rporation or t	e information supplied wi nor supplemental report reveceiver or trustee emi achinent with an address	is true cowere	and accurate and that I d to execute this report	ny signa . as requ	emption stated in Sature shall have the ired by Chapter 60	Section 119 07(3) e same legal effec 07, Florida Statute	i), Florida Statutes of as if made under is, and that my nam	I further cert oath, that I a e appears in	ly that the ir m an officer Block 10 or	ntormation or director Block 11 if