2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P98000048729

Entity Name: NYRMA N ORTIZ, P.A.

Current Principal Place of Business:

5884 NORTH WEST 54TH CIRCLE
POMPANO BEACH, FL 33067

New Principal Place of Business:

Current Mailing Address:

5884 NORTH WEST 54TH CIRCLE
POMPANO BEACH, FL 33067

New Mailing Address:

FEI Number: 65-0839069 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, NYRMA
5884 N.W. 54TH CIRCLE
POMPANO BEACH, FL 33067 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PS ( ) Delete
Name: ORTIZ, NYRMA N
Address: 5884 NORTH WEST 54TH CIRCLE
City-St-Zip: POMPANO BEACH, FL 33321

Title: VD ( ) Delete
Name: ORTIZ, NELLY
Address: 5884 NORTH WEST 54TH CIRCLE
City-St-Zip: POMPANO BEACH, FL 33321

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: ANSTETT, ROBERT
Address: 5884 NW 54TH CIR
City-St-Zip: CORAL SPRINGS, FL 33067

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.

SIGNATURE: NYRMA N ORTIZ PS 04/16/2009

Electronic Signature of Signing Officer or Director — Date