

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000057392	
1. Entity Name ORTIZ SECURITY SERVICE CORPORATION	

Principal Place of Business 1250 SW 4TH STREET, A1-11 HOMESTEAD FL 33030	Mailing Address 1250 SW 4TH STREET, A1-11 HOMESTEAD FL 33030
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number 65-0846122	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ORTIZ, JOSE A 1250 SW 4TH STREET, A1-11 HOMESTEAD FL 33030
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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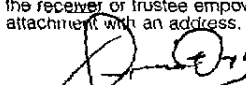
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when replacing) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing \$5.00 May C Trust Fund Contribution. ☐ Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DP ☐ Delete	NAME ORTIZ, JOSE A	TITLE	NAME 000000441019 ☐ Change ☐ Add
STREET ADDRESS 1250 SW 4TH STREET, A1-11	CITY-ST-ZIP HOMESTEAD FL 33030	STREET ADDRESS	CITY-ST-ZIP 03/03/06-80019-007 150.00
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Add
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Add
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Add
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Add
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Delete	TITLE	NAME ☐ Change ☐ Add
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Jose A. Ortiz** **7/13/06** **305-445-079**