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CORPORATION
ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # P99000093015**

ORTIZ AUTO REPAIR, INC.
549 N. GOLDENROD ROAD STE 4
ORLANDO, FL., 32807

DO NOT WRITE IN THIS SPACE

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00 ANNUAL REPORT CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date Incorporated or Qualified OCT. 20, 1999 3a. Date of Last Report

4. FEI Number 59-3606839 Applied For Not Applicable

2. Mailing Address	2a. Principle Place of Business	5. Certificate of Status Desired	\$8.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
22 City & State	27 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$138.75 Supplemental Fee Not Required
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent

MIGUEL A ORTIZ
549 N. GOLDENROD RD. STE 4
ORLANDO, FL., 32807

10. Name and Address of New Registered Agent

81 Name	85 Zip Code	86 Country
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City	FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment)

12. OFFICERS AND DIRECTORS		13. OFFICERS AND DIRECTORS CHANGES	
1.1 TITLE	PRESIDENT-DIRECTOR	1.1 TITLE	
1.2 NAME	MIGUEL A. ORTIZ	1.2 NAME	
1.3 ADDRESS	549 N. GOLDENROD RD.	1.3 ADDRESS	
1.4 CITY-ST-ZIP	ORLANDO, FL., 32807	1.4 CITY-ST-ZIP	
2.1 TITLE		2.1 TITLE	
2.2 NAME		2.2 NAME	
2.3 ADDRESS		2.3 ADDRESS	
2.4 CITY-ST-ZIP		2.4 CITY-ST-ZIP	
3.1 TITLE		3.1 TITLE	
3.2 NAME		3.2 NAME	
3.3 ADDRESS		3.3 ADDRESS	
3.4 CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4.1 TITLE		4.1 TITLE	
4.2 NAME		4.2 NAME	
4.3 ADDRESS		4.3 ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE		5.1 TITLE	
5.2 NAME		5.2 NAME	
5.3 ADDRESS		5.3 ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 ADDRESS		6.3 ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13, or on an attachment with an address.

SIGNATURE

Miguel A Ortiz

DATE

4/18/2000

Print/Type Name of Signing Officer or Director

Title(s)

Daytime Telephone Number

CR25034 (11/92)