## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V47860

FILED Jan 23, 2009 Secretary of State

Entity Nai	me: ORIZ, IN	0.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
14545 SW MIAMI, FL					
Current Mailing Address:			New Mailing Add	New Mailing Address:	
14545 SW MIAMI, FL					
FEI Number:	: 65-0348150	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and Addres	s of New Registered Agent:	
MARGOLIS, JENNIFER A ESQ 1533 SUNSET DR STE 225 MIAMI, FL 33143 US			1533 SUNSÉT DR SUITE # 225		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its regist	ered office or registered agent, or both,	
SIGNATURE:				01/23/2009	
	Electror	nic Signature of Registered Age	ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP ( ) ORTEGA, PED 14545 SW 75T MIAMI, FL		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS ( ) ORTEGA, ANA 14545 SW 75 S MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT ( ORTEGA, ANA 14545 SW N S MIAMI, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DC ( ) ORTEGA, ERIK 14545 SW 75T MIAMI, FL 331	H ST	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title:	DM (	) Delete	Title:	( ) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: PEDRO ORTEGA DP 01/23/2009

ORTEGA, JORGE A

MIAMI, FL 33133

14545 SW 75TH STREET

Name:

Address:

City-St-Zip: