


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 654781 1. Entity Name FORTUNE INTERNATIONAL REALTY, INC.	
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FILED
04 JUN 28 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JA

Principal Place of Business 2666 BRICKELL AVE. 3RD FLOOR MIAMI, FL 33129	Mailing Address 2666 BRICKELL AVE. 3RD FLOOR MIAMI, FL 33129
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06142004 Chg-P CR2E034 (10/03)

City & State	City & State
Zip	Country

4. FEI Number 59-1978907	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
DEFORTUNA, EDGARDO 2666 BRICKELL AVE 3 FLOOR MIAMI, FL 33129	

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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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

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 reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFORTUNA, EDGARDO 2666 BRICKELL AVE 3 FLOOR MIAMI, FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100039692911 07/29/04--01041--010 **61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President Oliver Ruiz 2666 Brickell Avenue Miami, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *[Signature]* Date: **6/18/04** Daytime Phone #: **(305) 856-2600**