2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 05, 2007 08:00 Al Secretary of State

ANNOAL REPORT						
DOCUMENT # 654781 1. Entity Name FORTUNE INTERNATIONAL RE						
Principal Place of Business	Mailing Address	•				
2666 BRICKELL AVE. 3RD FLOOR MIAMI, FL 33129	2666 BRICKELL AVE. 3 Miami, Fl. 33129	2666 BRICKELL AVE. 3RD FLOOR Miami, Fl 33129				

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Principal Place of Business 2666 BRICKELL AVE. 3RD FLOOR MIAMI, FL 33129 Mailing Address 2666 BRICKELL AVE. 3RD FLOOR MIAMI, FL 33129		OOR	- 	 	81811 81811 81831 8183	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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	and the party of the second			4. FEI Number 59-197			Applied For Not Applicable
			, ,	5. Certificate	of Status Desired		75 Additional Required
6	6. Name and Address of Current Re	gistered Agent			The September 1	,	vedunen
	UNA, EDGARDO CKELL AVE			DO IN	NOT W	RITE	
, .				1. pm.,			
	e named entity submits this statement for the		ed office or register		th, in the State of Flo	rida. I am famili	ar with, and accept
<u></u> .							
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Final Trust Fund Contribution. 	ncing \$5	.00 May Be led to Fees	i	•	
10.	OFFICERS AND DII	RECTORS	11, 31, 5	ist I		The House	of the state of
TITLE NAME STREET ADDRESS	P DEFORTUNA, EDGARDO 2666 BRICKELL AVE 3 FLOOR				and the first		
TITLE	MIAMI, FL		1	· !!", {*	U00 104/11/	00069039 07-80075	2 -010,150.00
NAME STREET ADDRESS CITY-ST-ZIP	RUIZ, OLIVER 2666 BRICKELL AVENUE MIAMI, FL 33129		F ·	py de la serie			
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CITY-ST-ZIP					NOT W		
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STREET ADDRESS CITY-ST-ZIP						10 to	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 either like empowered.

SIGNATURE:

SIGNATURE AND OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-07

305-856-2600