2006 FOR PROFIT CORPORATION

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Secretary of State ANNUAL REPORT 07-19-2006 90008 009 ***150.00 DOCUMENT # L38059 1. Entity Name FORTRAN PROPERTIES, INC. Principal Place of Business Mailing Address 40100192 P O BOX 450220 2025 SW 2 AVENUE MIAMI, FL 33129 US MIAMI, FL 33245 US 07072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0161834 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS, INC. DO NOT WRITE 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 6, 2006 OFFICERS AND DIRECTORS 10. TITLE NAME GINSBURG, DENNIS STREET ADDRESS 1500 SAN REMO AVE., #125 CITY-ST-ZIP CORAL GABLES, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TETLE NAME STREET ADDRESS

FILED Jul 19, 2006 8:00 am

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 other like empowered.

SIGNATURE: _			
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

2006 FOR PROFIT CORPORATION ANNUAL REPORT L38059 DOCUMENT 1. Entity Name FORTRAN PROPERTIES, INC. ATTACHMENT Principal Place of Business Mailing Address 40100192 P 0 BOX 450220 2025 SW 2 AVENUE MIAMI, FL 33129 US MIAMI, FL 33245 US 01172006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0161834 \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ATRIUM REGISTERED AGENTS, INC. 1500 SAN REMO AVENUE, SUITE 125 CORAL GABLES, FL 33146 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE GINSBURG, DENNIS NAME 1500 SAN REMO AVE., #125 STREET ADDRESS CORAL GABLES, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing dose 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 his 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:

ATTACHMENT

JOSE R. GOMEZ, C.P.A., P.A.

CERTIFIED PUBLIC ACCOUNTANT CERTIFIED PUBLIC ACCOUNTANT

1400 S.W. 27TH AVE. • No. 102 • MIAMI, FL 33135

40 100 192

TEL. 305-644-1223 • FAX: 305-644-1228

July 11, 2006

Division of Corporation PO Box 6198 Tallahassee, FL 32314

RE: FORTRAN PROPERTIES, INC. DOCUMENT No.: L38059 FORM: ANNUAL REPORT

PERIOD: 2006

This letter is in regards to your notice of intent to dissolve, copy enclosed, for the above referenced taxpayer. Enclosed please find a copy of the annual report that was originally filed on a timely basis, and check for the tax due.

The report was mailed through the general mailing system. Due to some unforeseen circumstance not in our control, the form never arrived your offices. Please adjust your records accordingly. Thank you for your prompt attention to this matter.

JOSE R. GOMEZ, C.P.A.

Enclosures

Member of: Florida Institute of Certified Public Accountants