


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # 622688 1. Entity Name FORTUN INSURANCE AGENCY, INC.	
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Principal Place of Business 365 PALERMO AVENUE CORAL GABLES, FL 33134	Mailing Address 365 PALERMO AVENUE CORAL GABLES, FL 33134
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05052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1921960	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

FORTUN, HECTOR D.  
 365 PALERMO AVENUE  
 CORAL GABLES, FL 33134

**DO NOT WRITE 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**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FORTUN, HECTOR D. 365 PALERMO AVENUE CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST FORTUN, HECTOR D. 365 PALERMO AVENUE CORAL GABLES, FL
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U00000564593  
 05/20/06-80078-012 150.00

**DO NOT WRITE IN THIS SPACE**

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 empowers.

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