

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90018 017 ***150.00

DOCUMENT # 654781	
1. Entity Name FORTUNE INTERNATIONAL REALTY, INC.	

Principal Place of Business 2666 BRICKELL AVE. 3RD FLOOR MIAMI, FL 33129	Mailing Address 2666 BRICKELL AVE. 3RD FLOOR MIAMI, FL 33129
--	--

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country	City & State Zip Country

40012560



01092008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1978907	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEFORTUNA, EDGARDO 2666 BRICKELL AVE 3 FLOOR MIAMI, FL 33129	
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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	S MARTIN, HARRIET K 2666 BRICKELL AVE. 3RD FLOOR MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEFORTUNA, EDGARDO 2666 BRICKELL AVE 3 FLOOR MIAMI, FL ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, VAN R 2666 BRICKELL AVE. 3RD FLOOR MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUIZ, OLIVER 2666 BRICKELL AVE 3 FLOOR MIAMI, FL ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVIS, SUSAN M 2666 BRICKELL AVE. 3RD FLOOR MIAMI, FL 33129 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

1/22/08

305-856-2600

Date

Daytime Phone #

EDGARDO DEFORTUNA