2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F05000001920

1. Entity Name
FORTUNA PROPERTIES MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5 SOUTH WABASH AVE., #608 CHICAGO, IL 60603	5 SOUTH WABASH AVE., #608 CHICAGO, IL 60603

DO NOT WRITE IN THIS SPACE

FILED

2008 MAY -2 PM 12: 30

SECRETARY OF STATE
TALLAHASSEE. FLORIDA

04282008   No Chg-P   CR2E034 (11/05)

4. FEI Number 35-2248421	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRYON, MIGUEL L
145 N.E. 1ST STREET
MIAMI, FL 33132

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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
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

TITLE	PCD
NAME	AGUIAR; ALBERTO JR.
STREET ADDRESS	5 SOUTH WABASH AVE., #608
CITY-ST-ZIP	CHICAGO, IL 60603

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

00012928940
05/14/08--01003--022   **150.00

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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: X _____   4/28/08

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