

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

DOCUMENT # F94000000427

1. Entity Name
FORTUNE TRAVEL OF OREGON, INC.



Principal Place of Business
**10100 SANTA MONICA BLVD.
SUITE #2400
LOS ANGELES, CA 90067 US**

Mailing Address
**10100 SANTA MONICA BLVD.
SUITE 2400
LOS ANGELES, CA 90067 US**



02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-0641820

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, SCOTT J
HOLLAND AND KNIGHT, LLP
200 SOUTH ORANGE AVE., STE 2600
ORLANDO, FL 32901**

**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 restate.)

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	P
NAME	THESMAN, ERNEST
STREET ADDRESS	10100 SANTA MONICA BLVD., SUITE 2400
CITY-ST-ZIP	LOS ANGELES, CA
TITLE	S
NAME	THESMAN, MICHAEL
STREET ADDRESS	10100 SANTA MONICA BLVD, SUITE 2400
CITY-ST-ZIP	LOS ANGELES, CA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**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 empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL THESMAN

Date

2/19/08

Daytime Phone #

310-551-0841