2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2007
Secretary of State

DOCUMENT# J40335

Entity Name: FORTUNE TRAVEL, INC.

Current Principal Place of Business:

3737 NW 7TH STREET
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 350940
MIAMI, FL 331350940

New Mailing Address:

FEI Number: 59-2738376 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAVENICK, FRED
369 LEUCADENDRA DRIVE
CORAL GABLES, FL 331568842 US

Name and Address of New Registered Agent:

HAVENICK, BARBARA
369 LEUCADENDRA DRIVE
CORAL GABLES, FL 331568842 US

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.

SIGNATURE: BARBARA HAVENICK 03/07/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: HAVENICK, FRED
Address: 369 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: D (X) Delete
Name: HAVENICK, BARBARA
Address: 369 LEUCADENDRA DR
City-St-Zip: CORAL GABLES, FL 33156

Title: D (X) Delete
Name: BENJAMIN, MARILYN G
Address: 7876 W 15TH COURT
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: HAVENICK, BARBARA
Address: 369 LEUCADENDRA DRIVE
City-St-Zip: CORAL GABLES, FL 33156

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HAVENICK PSTD 03/07/2007
Electronic Signature of Signing Officer or Director Date