

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # LQ1000021772**  
 1. Entity Name  
**FORTUNE PROTECTIVE SERVICES, LLC**



Principal Place of Business 185 S.E. 14TH TERRACE MIAMI, FL 33131	Mailing Address 185 S.E. 14TH TERRACE MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



07212004 No Chg-LLC CR2E083 (10/03)

4. FE Number 01-0558570	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 PORTUOMDO, FERANDO ESQ  
 2121 PONCE DE LEON BLVD. #600  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when releasing)

**Filing Fee is \$50.00 Due by September 8, 2004**

000000169911  
 08/12/04-80003-000-50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VILLA, RAFAEL O 185 SE 14 TERR MIAMI, FL 33131
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Rafael O. Villa* 7/21/04 305-2183337.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #