

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90004 007 ****50.00

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DOCUMENT # L02000023320 1. Entity Name FORTUNE BUILDERS, LLC			
Principal Place of Business 14505 COMMERCE WAY STE 750 HIALEAH, FL 33016		Mailing Address 14505 COMMERCE WAY STE 750 HIALEAH, FL 33016	
2. Principal Place of Business 11216 SW 125 PL Suite, Apt. #, etc.		3. Mailing Address 11216 SW 125 PL Suite, Apt. #, etc.	
City & State MIAMI, FL Zip 33186		City & State MIAMI, FL Zip 33186	
Country USA		Country USA	
4. FEI Number 31-0481837		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MC GEE, MICHAEL T. 1465 COMMERCE WAY STE 750 HIALEAH, FL 33016		7. Name and Address of New Registered Agent Name Hector Orlando Allende Street Address (P.O. Box Number is Not Acceptable) 11216 SW 125 PL City MIAMI FL Zip Code 33186	
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 04/27/04 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAIF, HECTOR RICARDO 14505 COMMERCE WAY #750 HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition MANAGER Hector Orlando Allende 11216 SW 125 PL MIAMI, FL 33186 ☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #