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May 03, 2006 8:00 am
Secretary of State
05-03-2006 90037 050 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000066708

1. Entity Name
GBD FORTUNE, LLC

20043601

Principal Place of Business	Mailing Address
4779 COLLINS AVENUE, #1804 MIAMI BEACH, FL 33140	4779 COLLINS AVENUE, #1804 MIAMI BEACH, FL 33140

2. Principal Place of Business
Suite, Apt #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

04252006 Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2480739 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPWIZ REGISTERED AGENTS, INC.
8750 N.W. 36 STREET, SUITE 220
MIAMI, FL 33178

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BACMAN, OSVALDO S 4779 COLLINS AVENUE, #1804 MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BACMAN, DIANA LINCH DE 4779 COLLINS AVENUE, #1804 MIAMI BEACH, FL 33140 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR De Bacman, Diana Linck 4779 Collins Avenue,#1804 Miami.Beach , Fl 33140 ☒ 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
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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 exemptions contained in Chapter 119, 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: DR. OSVALDO BACMAN 04-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #