


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State


05-14-2007 90369 040 ****55.00

DOCUMENT # L05000045840		
1. Entity Name FORTRESS GLOBAL FINANCIAL RESOURCES, LLC		

Principal Place of Business 19746 S.W. 103RD COURT # 206 MIAMI, FL 33157 US	Mailing Address 19746 S.W. 103RD COURT # 206 MIAMI, FL 33157 US
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2. Principal Place of Business - No P.O. Box # 19746 S.W. 103 COURT	3. Mailing Address 19746 SW 103 COURT
Suite, Apt. #, etc. # 206	Suite, Apt. #, etc. # 206
City & State CUTLER BAY, FLA.	City & State CUTLER BAY, FLA.
Zip 33157	Country MIAMI - DADE

40113611



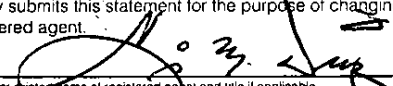
05102007 Chg-LLC CR2E083 (12/06)

4. FEI Number 56-2513442	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GEORGE, DEXTER F 213 E. SHERIDAN STREET SUITE # 3 - D DANIA BEACH, FL 33004	
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7. Name and Address of New Registered Agent Name LUIS M. DIAZ Street Address (P.O. Box Number is Not Acceptable) 19746 SW 103 COURT #206 City CUTLER BAY, FL Zip Code 33157	
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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.

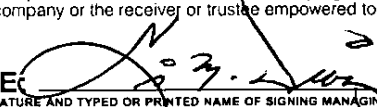
SIGNATURE  DATE **5/11/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DIAZ, LUIS M 19746 S.W. 103RD COURT, # 206 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DIAZ, LUIS M. 19746 SW 103 COURT, # 206 CUTLER BAY, FLA. 33157 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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  DATE **5/11/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE