


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 13, 2007 8:00 am**  
**Secretary of State**

02-13-2007 90013 002 \*\*\*\*66.25

<b>DOCUMENT # N06000003508</b>	
1. Entity Name <b>NUESTRA FORTALEZA, INC.</b>	

Principal Place of Business <b>15025 SW 140 COURT MIAMI FL 33186</b>	Mailing Address <b>15025 SW 140 COURT MIAMI FL 33186</b>
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2. Principal Place of Business - No P.O. Box # <b>5570 NW. 113 PL.</b>	3. Mailing Address <b>5570 NW. 113 PL</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

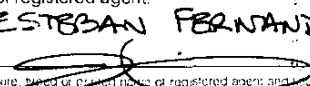
City & State <b>DORAL, FLORIDA</b>	City & State <b>DORAL, FLORIDA</b>
Zip <b>33178</b>	Country <b>USA</b>
City & State <b>DORAL, FLORIDA</b>	City & State <b>DORAL, FLORIDA</b>
Zip <b>33178</b>	Country <b>USA</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>FERNANDEZ, ESTEBAN 15025 SW 140 COURT MIAMI FL 33186</b>	
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7. Name and Address of New Registered Agent Name <b>ESTEBAN FERNANDEZ</b> Street Address (P.O. Box Number is Not Acceptable) <b>5570 NW. 113 PLACE</b> City <b>DORAL</b> FL <b>33178</b>	
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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. <b>ESTEBAN FERNANDEZ, PRESIDENT</b> SIGNATURE  DATE <b>2/3/07</b>	
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<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete <b>P FERNANDEZ, ESTEBAN 15025 SW 140 COURT MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete <b>VP FERNANDEZ, PATRICIA 15025 SW 140 COURT MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete <b>T FERNANDEZ, JUAN M 13812 SW 149 CIRCLE LANE - # 1 MIAMI FL 33186</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P. FERNANDEZ, ESTEBAN 5570 NW. 113 PL DORAL, FL. 33178</b>
TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VP. PATRICIA FERNANDEZ 5570 NW. 113 PL. DORAL, FL. 33178</b>
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **ESTEBAN FERNANDEZ** **2/3/07** **305-562-0547**