

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 12, 2008 8:00 am**  
**Secretary of State**

02-12-2008 90018 042 \*\*\*\*66.25

**DOCUMENT # N06000003508**

1. Entity Name

NUESTRA FORTALEZA, INC.



Principal Place of Business

5570 NW 113 PL.  
DORAL FL 33178

Mailing Address

5570 NW 113 PL.  
DORAL FL 33178

2. Principal Place of Business - No P.O. Box #

5570 NW. 113 PL

3. Mailing Address

5570 NW. 113 PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DORAL, FLORIDA

City & State

DORAL, FLORIDA

Zip

33178

Country

USA

Zip

33178

Country

USA

1st MOORE

CR2E037 (10/07)

4. FEI Number

20-4587320

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, ESTEBAN  
5570 NW 113 PLACE  
DORAL FL 33178

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**Make Check Payable to:**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME FERNANDEZ, ESTEBAN  
STREET ADDRESS 5570 NW 113 PLACE  
CITY-ST-ZIP DORAL FL 33178 ☐ Delete

TITLE VP  
NAME FERNANDEZ, PATRICIA  
STREET ADDRESS 5570 NW 113 PLACE  
CITY-ST-ZIP DORAL FL 33178 ☐ Delete

TITLE T  
NAME FERNANDEZ, JUAN M  
STREET ADDRESS 13812 SW 149 CIRCLE LANE - # 1  
CITY-ST-ZIP MIAMI FL 33186 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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, PRESIDENT 2/2/08 308-5620547