

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003508

FILED
Mar 04, 2009
Secretary of State

Entity Name: NUESTRA FORTALEZA, INC.

Current Principal Place of Business:

5570 NW. 113 PL
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

5570 NW. 113 PL
DORAL, FL 33178

New Mailing Address:

FEI Number: 20-4587320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, ESTEBAN
5570 NW 113 PLACE
DORAL, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FERNANDEZ, ESTEBAN
Address: 5570 NW 113 PLACE
City-St-Zip: DORAL, FL 33178

Title: VP () Delete
Name: FERNANDEZ, PATRICIA
Address: 5570 NW 113 PLACE
City-St-Zip: DORAL, FL 33178

Title: T () Delete
Name: FERNANDEZ, JUAN M
Address: 13812 SW 149 CIRCLE LANE - # 1
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ESTEBAN FERNANDEZ

PS

03/04/2009

Electronic Signature of Signing Officer or Director

Date