## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 13, 2005 8:00 am Secretary of State 04-13-2005 90047 019 \*\*\*150.00 **DOCUMENT # P01000049040** FORTE'S INVESTMENT GROUP, INC. 40004004 Principal Place of Business Mailing Address 10925 NW 47 Lane 10925 NW 47 Lane Miami, FL. 33178 Miami, FL. 33178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-1104074 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent ----Reynaldo Gonzalez 10925 NW 47 Lane Street Address (P.O. Box Number is Not Acceptable) Miami, FL. 33178 Zio 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, typed/or printed name of registered agent and the if applica-(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE PN Delete TITLE Change ☐ Addition GONZALEZ, REYMALDO Reynaldo Gonzalez NAME NAME 10925 NW 47 Lane 4030 S.W. 9TH STREET STREET ADDRESS STREET ADDRESS Miami, FL, 33178 MHAMI, FL 33134 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 607, 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 AND TYPED OR PRINTED NAME OF SIENING OFFICER OR DIRECTO

TRESIDENT

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Daylime Phone #

**FILED**