

2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/22/2005-90077-025-\$150.00-\$150.00

DOCUMENT # P04000028646 1. Entity Name FORTUNE 1ST MORTGAGE GROUP INC.				FILED 05 AUG -3 PM 2:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 2030 SOUTH OCEAN DRIVE, SUITE 425 HALLANDALE, FL 33009		Mailing Address 2030 SOUTH OCEAN DRIVE, SUITE 425 HALLANDALE, FL 33009		06012005 Chg-P CR2E034 (10/03)	
2. Principal Place of Business 101 GRAND PALMS DR Suite, Apt. #, etc.		3. Mailing Address 101 GRAND PALMS DR Suite, Apt. #, etc.			
City & State PEMBROKE PINES, FL		City & State PEMBROKE PINES, FL			
Zip 33027		Country US		4. FEI Number 20-0702227	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FORTUN, LUIS 2030 SOUTH OCEAN DRIVE, SUITE 425 HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTUN, LUIS 2030 SOUTH OCEAN DRIVE, SUITE 425 HALLANDALE, FL 33009	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DURAN, NIURKA 3821 SW 127TH AVENUE MIAMI, FL 33175	<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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Delete			
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: LUIS FORTUN 8/1/05 (305) 360-3784 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					