

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000067902

Entity Name: FORTUNE MORTGAGE, INC.

FILED
Jun 24, 2005
Secretary of State

Current Principal Place of Business:

P. O. BOX 650553
MIAMI, FL 33265

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 650553
MIAMI, FL 33265

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUINONES, YOLANDA
16321 SW 78 TER
MIAMI, FL 33193 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: QUINONES, YOLANDA
Address: P. O. BOX 650553
City-St-Zip: MIAMI, FL 33265

Title: VT () Delete
Name: QUINONES, MAX
Address: P. O. BOX 650553
City-St-Zip: MIAMI, FL 33265

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: YOLANDA QUINONES

P

06/24/2005

Electronic Signature of Signing Officer or Director

Date