

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2006 8:00 am
Secretary of State

07-24-2006 90005 034 ***150.00

DOCUMENT # P04000067902 1. Entity Name FORTUNE MORTGAGE, INC.																																																																																																															
Principal Place of Business P.O. BOX 650553 MIAMI, FL 33265		Mailing Address P.O. BOX 650553 MIAMI, FL 33265																																																																																																													
2. Principal Place of Business 16321 SW 78th Terr		3. Mailing Address 16321 SW 78th Terr																																																																																																													
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																																																																																																													
City & State Miami, FL		City & State Miami, FL																																																																																																													
Zip 33193		Zip 33193																																																																																																													
Country US		Country US																																																																																																													
4. FEI Number 20-3169893		Applied For ☐ Not Applicable																																																																																																													
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent QUINONES, YOLANDA 16321 SW 78 TER MIAMI, FL 33193		7. Name and Address of New Registered Agent 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 except the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) Signature, typed or printed name of registered agent and title if applicable DATE																																																																																																															
FILE NOW!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">PS</td> <td style="width: 10%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>QUINONES, YOLANDA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P. O. BOX 650553</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33265</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VT</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>QUINONES, MAX</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P. O. BOX 650553</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33265</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> </td> <td style="width: 10%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	PS	☐ Delete	NAME	QUINONES, YOLANDA		STREET ADDRESS	P. O. BOX 650553		CITY - ST - ZIP	MIAMI, FL 33265		TITLE	VT	☐ Delete	NAME	QUINONES, MAX		STREET ADDRESS	P. O. BOX 650553		CITY - ST - ZIP	MIAMI, FL 33265		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Yolanda Quinones</u> Yolanda Quinones 7/19/06 (305) 386-4111 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																																																															