

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90294 008 ***150.00

DOCUMENT # P04000102652

1. Entity Name
FORTYNINER CORPORATION



Principal Place of Business
**1390 BRICKELL AVE SUITE 200
MIAMI, FL 33131**

Mailing Address
**1390 BRICKELL AVE SUITE 200
MIAMI, FL 33131**

49011543



2. Principal Place of Business

3. Mailing Address

2875 NE 191ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

801

03012005

Chg-P

CR2E034 (10/03)

City & State

City & State

AVENTURA FL

4. FEI Number

20-1537146

Applied For

Not Applicable

Zip

Country

Zip

33180

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CASTILLO, ALVARO B
1390 BRICKELL AVE SUITE 200
MIAMI, FL 33131**

Name

DANIEL J. SERBER

Street Address (P.O. Box Number is Not Acceptable)

2875 NE 191ST #801

City

AVENTURA

FL

Zip Code

33180

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

DANIEL J. SERBER

04/05/05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HOP, ELIAS C
1390 BRICKELL AVE SUITE 200
MIAMI, FL 33131**

☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIAS HOP

04/26/05

Date

(305) 932-6262

Daytime Phone #