

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094196

FILED
Aug 01, 2006
Secretary of State

Entity Name: FORTUNE 7 ENTERPRISES, INC.

Current Principal Place of Business:

8225 SW 141 STREET
VILLAGE OF PALMETTO BAY, FL 33158

New Principal Place of Business:

Current Mailing Address:

8225 SW 141 STREET
VILLAGE OF PALMETTO BAY, FL 33158

New Mailing Address:

FEI Number: 20-3113957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PREVITI, PETER
5825 SUNSET DRIVE
SUITE 210
MIAMI, FL 33143 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: D,T () Delete
Name: BIGGS, CAROL
Address: 19624 NW 83 PL
City-St-Zip: MIAMI, FL 33015

Title: D () Delete
Name: THOMPSON-PARCHMENT, PAULET
Address: 15046 SW 108 TER
City-St-Zip: MIAMI, FL 33196

Title: D,P () Delete
Name: WILLIAMS, VIVIENNE M
Address: 8225 SW 141 STREET
City-St-Zip: VILLAGE OF PALMETTO BAY, FL 33158

Title: D,S () Delete
Name: WILLIAMS-DUHANEY, YOLA
Address: 11680 SW 144 AVE
City-St-Zip: MIAMI, FL 33186

Title: AVP () Delete
Name: MONTAQUE, ANGELA
Address: 18040 SW 149 AVE
City-St-Zip: MIAMI, FL 33187

Title: AT () Delete
Name: CAMPBELL-SMITH, MARLENE
Address: 16000 SW 100 CT
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 Chapter 119, 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: VIVIENNE M WILLIAMS

DP

08/01/2006

Electronic Signature of Signing Officer or Director

Date