


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90029 015 \*\*\*150.00

DOCUMENT # P05000150837					
1. Entity Name <b>FORTUNE LENDING CORPORATION</b>					
Principal Place of Business <b>3711 TAMPA ROAD SUITE 107 OLDSMAR, FL 34677</b>			Mailing Address <b>3711 TAMPA ROAD SUITE 107 OLDSMAR, FL 34677</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>SPIEGEL &amp; UTRERA, P.A.</b> <b>1840 SW 22ND ST.</b> <b>4TH FLOOR</b> <b>MIAMI, FL 33145</b>				Name <u>Leticia Ramos</u> Street Address (P.O. Box Number is Not Acceptable) <u>3711 Tampa Rd, #107</u> City <u>Oldsmar</u> FL <u>34677</u>	
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 <u>Leticia Ramos</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>1/9/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PTD		<input type="checkbox"/> Delete		
NAME	COOLEY, DEBBIE				
STREET ADDRESS	3711 TAMPA ROAD #107				
CITY - ST - ZIP	OLDSMAR, FL 34677				
TITLE	VSD		<input type="checkbox"/> Delete		
NAME	RAMOS, LETICIA				
STREET ADDRESS	3711 TAMPA ROAD #107				
CITY - ST - ZIP	OLDSMAR, FL 34677				
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Delete		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 an other like empowered.					
SIGNATURE: <u>Leticia Ramos</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1/9/07</u> Daytime Phone # <u>813 851-4500</u>	

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4. FEI Number 22-3918218 Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required