2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081461

Entity Name: EL FORTIN FC. INC.

Title:

Name:

Address:

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Entity Nai	me: ELFORT	IN FG, ING.					
Current Principal Place of Business:				New Principal Place of Business:			
% 701 BRI SUITE 140 MIAMI, FL				701 BRICK SUITE 1400 MIAMI, FL	0		
Current Mailing Address:				New Mailing Address:			
% 701 BRI SUITE 140 MIAMI, FL	_			701 BRICK SUITE 1400 MIAMI, FL	0		
FEI Number	26-0566169	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certificate of Status Desi	red ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
701 BRICK SUITE 140 MIAMI, FL	00 33131 US	submits this statement for the p	urnoso o	f changing it	ts registered	office or registered agen	t or both
	e of Florida.	submits this statement for the p	urpose o	i changing ii	is registered	office of registered agen	t, or both,
SIGNATUI							
		ic Signature of Registered Age	ent			Date	
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SANDOVAL, JU	LL AVE, SUITE 1400		Title: Name: Address: City-St-Zip:	SANDOVAL, J	X) Change () Addition IUAN CARLOS CKELL AVE, SUITE 1400 I131	
Title: Name: Address: City-St-Zip:	ARAGON MUNC	LL AVE, SUITE 1400		Title: Name: Address: City-St-Zip:	ARAGON MUN	X) Change () Addition NOZ, ANA LUISA CKELL AVE, SUITE 1400 131	
Title: Name: Address: City-St-Zip:	MONTANO, PEI	LL AVE, SUITE 1400		Title: Name: Address: City-St-Zip:	MONTANO, P	X) Change ()Addition EDRO MENDOZA :KELL AVE, SUITE 1400 :131	

I hereby certify that the information supplied with this filing does not qualify 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.

Title:

Name:

Address:

City-St-Zip:

DVP

MIAMI, FL 33131

() Change (X) Addition

GUTIERREZ DE BOSCH, ISABEL

C/O 701 BRICKELL AVENUE, STE. 1400

SIGNATURE: JUAN CARLOS SANDOVAL PD 04/29/2008

() Delete