

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000064698

1. Entity Name
FORTARR I, INC.



**FILED
Apr 29, 2008 8:00 am
Secretary of State**

04-29-2008 90085 001 ***150.00

Principal Place of Business
888 S.E. 3RD AVE
SUITE 501
FORT LAUDERDALE, FL 33316

Mailing Address
P.O. BOX 292037
DAVIE, FL 33329 US

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02042008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0444599	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FORMAN, M. AUSTIN
888 S.E. 3RD AVENUE, SUITE 501
FORT LAUDERDALE, FL 33316

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVP
NAME	FORMAN, COLLINS H
STREET ADDRESS	888 S.E. 3RD AVE., SUITE 501
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

TITLE	PD
NAME	FORMAN, M. AUSTIN
STREET ADDRESS	888 S.E. 3RD AVE., SUITE 501
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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TITLE	
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CITY-ST-ZIP	

TITLE	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

2-8-08