

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 10 PM 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000044282

1. Entity Name

UNIT 813.FORTUNE HOUSE, INC.



Principal Place of Business

231 ALTARA
MIAMI, FL 33146

Mailing Address

231 ALTARA
MIAMI, FL 33146

\$150.00



01082004

No Chg-P

CR2E034 (10/03)

04

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0919087

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DE TORO, MIRIAM
231 ALTARA AVE.
CORAL GABLES, FL 33146

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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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Fee
Added to Fee

100037439254

05/01/04--01027--022 **1050.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARREAZA, LUIS
STREET ADDRESS	231 ALTARA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	SD
NAME	ARREAZA, DALY V
STREET ADDRESS	231 ALTARA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	VPD
NAME	GOMEZ DE ARREAZA, IGDALIA
STREET ADDRESS	231 ALTARA AVE.
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04 448-1648
Date Daytime Phone #