

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000044282 1. Entity Name UNIT 813 FORTUNE HOUSE, INC.	
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Principal Place of Business 231 ALTARA AVENUE CORAL GABLES, FL 33146	Mailing Address 231 ALTARA AVENUE CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DE TORO, MIRIAM 231 ALTARA AVE. CORAL GABLES, FL 33146	DO NOT WRITE IN THIS SPACE
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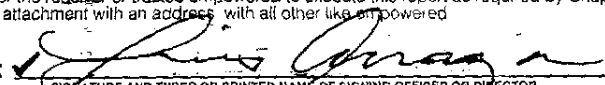
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution, ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		U00000361875 05/05/05-80094-014 150.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ARREAZA, LUIS 231 ALTARA AVENUE CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV GOMEZ DE ARREAZA, IGDALIA 231 ALTARA AVE. CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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 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 all other like empowered.

SIGNATURE:  4/28/05 (305) 448-1648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____