


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # S15499
 1. Entity Name
FORTUNA WAREHOUSE, INC.



Principal Place of Business Mailing Address
 1201 STILLWATER DR 1201 STILLWATER DR
 MIAMI BEACH, FL 33141 US MIAMI BEACH, FL 33141 US

DO NOT WRITE IN THIS SPACE



04192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0244259	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 MAYA, SABETO
 1201 STILLWATER DR
 MIAMI BEACH, FL 33141

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MAYA, SABETO 1201 STILLWATER DR MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMUKLER, ADOLFO 1435 CLEVELAND RD MIAMI BEACH, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 approvers, with all other like empowered.

SIGNATURE: _____ **4/22/05** **305-542 2405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #