2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 01, 2006 08:00 AM **Secretary of State** DOCUMENT # S15499 FORTUNA WAREHOUSE, INC. Principal Place of Business Mailing Address 1201 STILLWATER DR Miami Beach, FL 33141 1201 STILLWATER DR MIAMI BEACH, FL 33141 US 02242008 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For FEI Number 65-0244259 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MAYA, SABETO DO NOT WRITE 1201 STILLWATER DR MIAMI BEACH, FL 33141 IN THIS SPACE 3. 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 fille if applicable. (NOTE: Flagistered Again signature required when reinstating) DATE 100000452428 03/11/06-80026-011 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MAYA, SABETO NAME STREET ADDRESS 1201 STILLWATER DR CITY-ST-ZIP MIAMI BEACH, FL TITLE SMUKLER, ADOLFO NAME 1435 CLEVELAND RD STREET ADDRESS MIAMI BEACH, FL CITY-ST-ZIP TITLE. NAME STREET ADDRESS DO NOT WRITE C(TY+ST-Z)P IN THIS SPACE TITLE NAME STREET ADDRESS City-St-ZiP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 all address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED