


2007 FORTUITIVE COMPANY ANNUAL REPORT

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # S28319 1. Entity Name DORIS AMAYA AND ASSOCIATES, P.A.	
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Principal Place of Business 6972 NW 179TH STREET BUILDING 4, CONDO 203 MIAMI, FL 33015 US	Mailing Address 6972 NW 179TH STREET BUILDING 4, CONDO 203 MIAMI, FL 33015 US
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DO NOT WRITE IN THIS SPACE



04112007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0261587	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

AMAYA, JORGE M
6972 N.W 179TH STREET
4-203
MIAMI, FL 33015

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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMAYA, DORIS 6972 NW 179TH ST #4-203 MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMAYA, JORGE M 6972 NW 179TH ST #4-203 MIAMI, FL 33015
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06/03/08-80075-016 150.00

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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: *Doris Amaya, LMLC, CAP, LLP* 4/14/07 305-819-3629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2115-223 Date Daytime Phone #

4/14/07