

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000006671

Entity Name: F & M WHOLESALERS, INC.

FILED
Apr 21, 2005
Secretary of State

Current Principal Place of Business:

7294 NW 8TH ST
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

7294 NW 8TH ST
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0719687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARISSO, MANUEL A
4722 S.W. 5 STREET
MIAMI, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARISSO, RAUL M
Address: 8451 GRAND CANAL DRIVE
City-St-Zip: MIAMI, FL 33144

Title: STD () Delete
Name: ARISSO, MANUEL ANTONIO
Address: 4722 SW 8TH ST
City-St-Zip: MIAMI, FL 33144

Title: VP () Delete
Name: ARISSA, CLARA
Address: 4722 SW 8TH ST
City-St-Zip: MIAMI, FL 33144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: MELON, FRANCISCO
Address: 4722 SW 8TH ST
City-St-Zip: MIAMI, FL 33144

Title: VP (X) Change () Addition
Name: ARISSO, CLARA
Address: 4722 SW 8TH ST
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARA ARISSO

VP

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date