


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # S29140 1. Entity Name FEMAR INVESTMENTS, INC.	
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Principal Place of Business 200 S BISCAYNE BLVD SUITE 4950 SOUTHEAST FINANCIAL CENTER MIAMI, FL 33131	Mailing Address 200 S BISCAYNE BLVD SUITE 4950 SOUTHEAST FINANCIAL CENTER MIAMI, FL 33131
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DO NOT WRITE IN THIS SPACE



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0255207	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHOPP, HAROLD 200 S BISCAYNE BLVD SUITE 4950 SOUTHEAST FINANCIAL CENTER MIAMI, FL 33131

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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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PD REYLER, DORA D #4950, 200 S BISCAYNE BL MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KERBEL, FANNY A #4950, 200 S BISCAYNE BL MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REYLER, DORA D #4950, 200 S BISCAYNE BL MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KERBEL, MARCOS A #4950, 200 S BISCAYNE BL MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: *Dora D. Reyler* 4-28-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #