


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90055 016 ***150.00

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| DOCUMENT # F74479 |  |
| 1. Entity Name FCT WHOLESAL INC. | |

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| Principal Place of Business 14131 SW 142ND AVE MIAMI, FL 33186 | Mailing Address 14131 SW 142ND AVE MIAMI, FL 33186 |
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40013535



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| 2. Principal Place of Business 7688 S.W. 105 PLACE Suite, Apt. #, etc. | 3. Mailing Address 7688 S.W. 105 PLACE Suite, Apt. #, etc. |
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02042005 Chg-P CR2E034 (10/03)

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| City & State MIAMI, FLORIDA | City & State MIAMI, FLORIDA |
| Zip 33173 | Country MIAMI-DADE |

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| 4. FEI Number 59-2306376 | Applied For Not Applicable |
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| 6. Name and Address of Current Registered Agent ONA, RAUL E 7688 SW 105 PLACE MIAMI, FL 33173 | |
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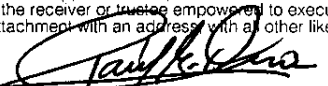
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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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 _____ |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS ONA, RAUL E 7688 SW 105 PLACE MIAMI, FL 00000, <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD PEREZ, MICHAEL 10126 W FLAGLER ST. MIAMI, FL 33174 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD BASTIDAS-ONA, CECILIA 7688 SW 105 PLACE MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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)(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:  RAUL E. ONA, PRESIDENT 2/3/05 305-595-8524 | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # |