


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90343 048 ***150.00

DOCUMENT # G09323
 1. Entity Name
FIRST MARKET INTERNATIONAL, INC.



Principal Place of Business Mailing Address
ONE PURLIEU PLACE **ONE PURLIEU PLACE**
210 **210**
WINTER PARK FL 32792 **WINTER PARK FL 32792**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-2243198 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent
ROSSELLO, THOMAS JR
ONE PURLIEU PLACE
SUITE 210
WINTER PARK FL 32792

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	REGAN, ROBERT F.	
STREET ADDRESS	ONE PURLIEU PLACE, STE. 210	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	PSM	<input type="checkbox"/> Delete
NAME	ROSSELLO, THOMAS JR.	
STREET ADDRESS	ONE PURLIEU PLACE, SUITE 210	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROSSELLO, DEBORAH L	
STREET ADDRESS	ONE PURLIEU PLACE, STE. 210	
CITY-ST-ZIP	WINTER PARK FL 32742	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Regan, Robert F.	
STREET ADDRESS	ONE PURLIEU PLACE STE 210	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	CPM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rossello, Thomas JR.	
STREET ADDRESS	ONE PURLIEU PLACE, STE 210	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE	S,T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rossello, Deborah L.	
STREET ADDRESS	ONE PURLIEU PLACE, STE 210	
CITY-ST-ZIP	WINTER PARK FL 32792	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* Date: **4/15/04** Daytime Phone #: **407.657.6547**