


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # H17855
1. Entity Name
FMA CONSTRUCTION, INC.



Principal Place of Business
2749 N.E. 18TH STREET
FT. LAUDERDALE, FL 33305

Mailing Address
2749 N.E. 18TH STREET
FT. LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2440205

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
O'CONNOR, KIERAN
COONEY, HALICZER, ET AL
111 N ORANGE AVE, SUITE 1020
ORLANDO, FL 32801

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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. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ECHARTE, FELIPE 2749 N.E. 18TH STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ECHARTE, PATRICIA 2749 N.E. 18TH STREET FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/11/04-80074-016 150.00

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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 my address, with all other like empowered.

SIGNATURE:  2/9/2004 954-564-4410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____