

04/01/2004

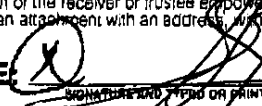
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SOFIA POWELL-COSIO → 3053770370

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90019 031 ***150.00

DOCUMENT # P00000080984					
1. Entity Name FECORSA MANAGEMENT CORPORATION					
Principal Place of Business C/O SOFIA POWELL-COSIO P.A. 1900 S.W. 3RD AVE. MIAMI FL 33129			Mailing Address C/O SOFIA POWELL-COSIO P.A. 1900 S.W. 3RD AVE. MIAMI FL 33129		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1037187	
5. Certificate of Status Desired ☐ \$1.75 Additional Fee Required				Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent POWELL-COSIO, SOFIA 1900 SW 3RD AVENUE SUITE 200 MIAMI FL 33129			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 for					
liar 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 \$350.00 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FEBRES-CARDERO, JAIME		NAME		
STREET ADDRESS	104 CRANDON BLVD. - SUITE 312		STREET ADDRESS		
CITY- ST- ZIP	KEY BISCAYNE FL 33149		CITY- ST- ZIP		
TITLE	DVPS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GOMEZ, EDUARDO		NAME		
STREET ADDRESS	104 CRANDON BLVD. - SUITE 312		STREET ADDRESS		
CITY- ST- ZIP	KEY BISCAYNE FL 33149		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, and all other like empowered.					
SIGNATURE  _____					
Date 4/1/04					

94052020



MOORE CR2E034 (1/03)