



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 23, 2004 8:00 am**  
**Secretary of State**

08-23-2004 90026 007 \*\*\*550.00

<b>DOCUMENT # P01000079707</b>					
<b>1. Entity Name</b> <b>F&amp;M HOME IMPROVEMENT CORP.</b>					
<b>Principal Place of Business</b> 81 NE 48 CT FT LAUDERDALE, FL 33334			<b>Mailing Address</b> 81 NE 48 CT FT LAUDERDALE, FL 33334		
<b>2. Principal Place of Business</b> 1998 NE 56th St. Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1998 NE 56th St. Suite, Apt. #, etc.			
<b>City &amp; State</b> Ft. Lauderdale Zip 33308 Country USA		<b>City &amp; State</b> Florida Zip 33308 Country USA		<b>4. FEI Number</b> 75-3001350 Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> ALICEA, FERNANDO JR. 317 NW 47TH COURT FT. LAUDERDALE, FL 33309	
<b>7. Name and Address of New Registered Agent</b> Name <b>Fernando ALICEA JR.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1998 NE 56th St.</b> City <b>Ft. Lauderdale</b> FL Zip Code <b>33308</b>				<b>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.</b> SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE <b>P</b> NAME <b>FERNANDO, ALICIA JR</b> STREET ADDRESS <b>81 NE 48 CT</b> CITY-ST-ZIP <b>FT LAUDERDALE, FL 33334</b>	<input checked="" type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE <b>PRESIDENT</b> NAME <b>Fernando ALICEA JR.</b> STREET ADDRESS <b>1998 NE 56th St</b> CITY-ST-ZIP <b>Ft. Lauderdale, FL 33308</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE: Fernando Alicia</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>8/20/04 (954) 445-2462</b> <small>Date Daytime Phone #</small>	