

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90194 010 \*\*\*158.75

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| DOCUMENT # P01000079707   |   |  |  |   |  |
| 1. Entity Name<br>F&M HOME IMPROVEMENT CORP.  |   |  |  |  |  |
| Principal Place of Business<br>1998 NE 56TH ST<br>FORT LAUDERDALE, FL 33308   |   |  | Mailing Address<br>1998 NE 56TH ST<br>FORT LAUDERDALE, FL 33308  |  |  |
| 2. Principal Place of Business<br><i>1998 NE 56th St</i>  |   | 3. Mailing Address<br><i>1998 NE 56th St.</i>                                    |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  |  |
| City & State<br><i> Ft. Lauderdale, FL</i>  |   | City & State<br><i> Ft. Lauderdale, FL</i>                                       |  | 4. FEI Number<br>75-3001350  |  |
| Zip<br><i>33308</i>   |   | Country<br><i>Broward</i>  |  | Applied For<br>Not Applicable  |  |
| Zip<br><i>33308</i>   |   | Country<br><i>Broward</i>  |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br>ALICEA, FERNANDO JR.<br>1998 NE 56TH ST<br>FORT LAUDERDALE, FL 33308   |   |  | 7. Name and Address of New Registered Agent<br>Name <i>Fernando Alicea JR.</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>1998 NE 56th St</i><br>City <i> Ft. Lauderdale</i> FL Zip Code <i>33308</i> |  |  |
| 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 _____   |   |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>FERNANDO, ALICIA JR <i>→ incorrect spelling</i> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | P. <i>Fernando Alicea JR.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>1998 NE 56th St.</i><br><i>Ft. Lauderdale, FL 33308</i> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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: <i>Fernando Alicea Jr</i>  |   |  | <i>2/18/05 (954) 445-2462</i>  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   |  | Date Daytime Phone #   |  |  |