2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					7/28/2003-90138-027-\$150.00-\$150.0	q	
DOCUMENT # P01000079707 /					SECRETARY OF STATE DIVISION OF CORPORATION	lŠ ₹	
1. Entity Name F&M HOME IMPROVEMENT CORP.							
03 AUG 28 AM 8: 00							
Principal Plac		Mailing Address 317 NW 477H COURT					
317 NW 47TH COURT 317 NW 47TH COURT FT. LAUDERDALE FL 33309 FT. LAUDERDALE FL 33309)		••		
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2. Principal Place of Business 81 NE 48 C+ 81 NE 48 C+		-	1	i (Adeinas) est Annét tiènco Arrit envir néith Aèise cuite idi	JI 1881 1911 1881 1881		
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHAP	NGES M/2X		
Home Home		<u> </u>					
City & State Ft Laurderdale Fl Ft Lauderd		Et Landordal	la (2)		75-3001350	Applied For Not Applicable	
33334 Country S 333334			Country S	5.		5 Additional equired	
/ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent							
ALICEA, FERNANDO JR.							
317 NW 47TH COURT			Street A	Street Address (P.O. Box Number is Not Acceptable)			
FT., LAUDERDALE FL 33309							
			City	City FL Zip Çode			
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 Signature, typed or printed name of registered agent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Signature, typed of printed name of registered agent and total application. (PAVIE: Herpostered Agent signature required when remission()) FILE NOW!!! FEE IS \$550.00							
. After September 10, 2003 Fee will be \$750.00 9. Election Campaign Financing \$5.00 May 8e						\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State							
10.	OFFICERS AND (DIRECTORS Delete	11.		DDITIONS/CHANGES TO OFFICERS AND DIRECT		
NAME	FERNANDO, ALICIA JR	LI Dekte	NAME		48 64	ands Dymmun 6	
STREET ADDRESS	317 NW 47TH COURT FT. LAUDERDALE FL 33309	•	STREET ADDRESS	l • .	uderdale FI 33334	8	
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NAME STREET ASSOCIA			NAME CONTEST ADORESES				
STREET ADDRESS CITY-ST-ZIP	•		STREET ADDRESS CITY-ST-ZIP			1	
12. I hereby certify that the information supplied with this filling 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: DEVINE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORDER TORRESTOR							