

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000094446

1. Entity Name
F.M.C. INVESTMENTS CORP.



Principal Place of Business
5700 COLLINS AVENUE, APT. 14-E
MIAMI BEACH, FL 33140

Mailing Address
5700 COLLINS AVENUE, APT. 14-E
MIAMI BEACH, FL 33140



03262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2314124	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ GARCIA, JORGE L
395 ALHAMBRA CIRCLE, SUITE 301
CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MORALES CRUZ, FERNANDO
STREET ADDRESS	5700 COLLINS AVENUE, APT. 14-E
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	DE MORALES, ELOIS E
STREET ADDRESS	5700 COLLINS AVENUE, APT. 14-E
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	MORALES, LUIS F
STREET ADDRESS	5700 COLLINSB AVENUE #14 E
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/30/05-80028-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 25/03/05 X
Date Daytime Phone #