

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90026 049 \*\*\*150.00

**DOCUMENT # P01000117026**

1. Entity Name  
**FICI SERVICES, INC.**



Principal Place of Business      Mailing Address

**7500 FAIRWAY BOULEVARD**      **7500 FAIRWAY BOULEVARD**  
**MIRAMAR FL 33023**                      **MIRAMAR FL 33023**

2. Principal Place of Business      3. Mailing Address

**428 N.W 132nd st**                      **428 N.W 132nd st**

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State      City & State

**Miami FL**                      **Miami FL**

Zip      Country      Zip      Country

**33168 DADE**                      **33168 DADE**



MOORE      CR2E034 (11/03)

4. FEI Number      Applied For

**65-1159315**                      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ISMA, CEDRICK**  
**7500 FAIRWAY BOULEVARD**  
**MIRAMAR FL 33023**

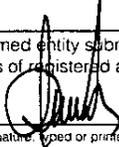
7. Name and Address of New Registered Agent

Name      **CEDRICK ISMA**

Street Address (P.O. Box Number is Not Acceptable)  
**428 N.W 132nd st**

City      **Miami FL**      Zip Code      **33168**

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            **Cedrick Isma.**      DATE      **3/22/04**

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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

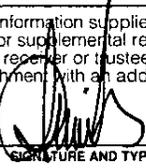
10. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ISMA, CEDRICK	
STREET ADDRESS	7500 FAIRWAY BOULEVARD	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)(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:            **CEDRICK ISMA**      Date      **3/22/04**      Daytime Phone #      **305-206-0743**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR