


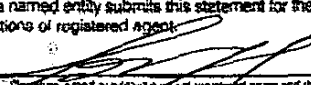
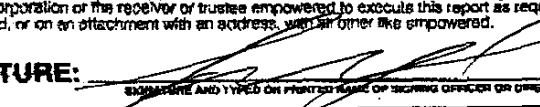
FROM : DUBE ACCOUNTING

FAX NO. : 305 2215895

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90199 046 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000038680			
1. Entity Name FMV HOLDING COMPANY			
Principal Place of Business 2800 SW 2ND AVE. MIAMI, FL 33129		Mailing Address 2800 SW 2ND AVE. MIAMI, FL 33129	
2. Principal Place of Business 1998 SW 22 St		3. Mailing Address 181 Crandon Blvd.	
Suite, Apt. #, etc. 0		Suite, Apt. #, etc. 401	
City & State MIAMI FL		City & State Key Biscayne	
Zip 33145	Country US	Zip 33149	Country US
4. FEI Number 02-0581877		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 MENDEZ-VILLAMIL, FERNANDO 2800 SW 2ND AVE. MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Mendez-Villamil Fernando Street Address (P.O. Box Number is Not Acceptable) 181 CRANDON BLVD. # 401 City Key Biscayne FL Zip Code 33149	
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: 4-25-04 <small>(Signature, typed or printed name of registered agent and title if applicable. (NONE Registered Agent signature required when reinstating))</small>			
FILE NUMBER FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 may be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENDEZ-VILLAMIL, FERNANDO 2800 SW 2ND AVE. MIAMI, FL 33129	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			181 CRANDON BLVD. #401 Key Biscayne FL 33149
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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)(d), 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. 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 or other like empowered.			
SIGNATURE: 		DATE: 4-25-04 (786) 255 9384	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

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04202004 Chg-P CR2E034 (10/03)