


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000038680

1. Entity Name
FMV HOLDING COMPANY



Principal Place of Business
**1898 SW 22 ST
MIAMI, FL 33145**

Mailing Address
**181 GRANDON BLVD #401
KEY BISCAVNE, FL 33149**



04272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0581877 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MENDEZ-VILLAMIL, FERNANDO
181 GRANDON BLVD #401
KEY BISCAVNE, FL 33149**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NO Registered Agent signature required when remaining) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

05/11/06-80097-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MENDEZ-VILLAMIL, FERNANDO
STREET ADDRESS	181 GRANDON BLVD #401
CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. If the information has changed, or on an attachment with an address, with all other like employees, the signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: _____ **9-26-06** **786-2559384**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR