

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90983 029 ***150.00

DOCUMENT # P03000072973 1. Entity Name FERCOR LATIN AMERICA, CORP.					
Principal Place of Business 3530 MYSTIC POINTE DR. 1513 AVENTURA, FL 33180			Mailing Address 3530 MYSTIC POINTE DR. 1513 AVENTURA, FL 33180		
2. Principal Place of Business 1001 North Federal Highway Suite, Apt. #, etc. ste 343			3. Mailing Address 3530 Mystic Pointe Dr. Suite, Apt. #, etc. 1513		
City & State Hallandale, Florida			City & State Aventura, FL		
Zip 33309		Country USA		Zip 33180	
Country USA		4. FEI Number 72-1573015			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent MAZZA-MARTINEZ & ASSOC., P.A. 780 NW 42 AVE. 420 MIAMI, FL 33126			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! 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 P NAME FERRIS, AGENOR MS. STREET ADDRESS 3530 MYSTIC POINTE DR. #1513 CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE P NAME Ferris, Agenor Mr. STREET ADDRESS 1001 N Fed Hwy, ste 343 CITY-ST-ZIP Hallandale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME FERRIS, VANESSA MS. STREET ADDRESS 3530 MYSTIC POINTE DR. #1513 CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE D NAME Ferris, Vanessa Ms STREET ADDRESS 1001 N Fed Hwy, ste 343 CITY-ST-ZIP Hallandale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPST NAME FERRIS, VANESKA MS. STREET ADDRESS 3530 MYSTIC POINTE DR. #1513 CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE T NAME Vaneska Ferris, Ms STREET ADDRESS 1001 N Fed Hwy, ste 343 CITY-ST-ZIP Hallandale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE VPST NAME Valeska Ferris, Ms STREET ADDRESS 1001 N Fed Hwy, ste 343 CITY-ST-ZIP Hallandale, FL 33309	<input type="checkbox"/> Change <input checked="" 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	
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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: Valeska Ferris <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/21/04 <small>Date</small>		954-7099577 <small>Daytime Phone #</small>