


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**

04066872

2. Principal Place of Business
1001 North Federal Highway

3. Mailing Address
3530 Mystic Pointe Dr.

Suite, Apt. #, etc.
ste 343

Suite, Apt. #, etc.
1513

City & State
Hallandale, Florida

City & State
Aventura, FL

Zip
33309

Country
USA

Zip
33180

Country
USA

04222004 Chg-P CR2E034 (10/03)

4. FEI Number
72-1573015

Applied For
 Not Applicable

5. Certificate of Status Desired **\$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 _____ 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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, AGENOR MS.	
STREET ADDRESS	3530 MYSTIC POINTE DR. #1513	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, VANESSA MS.	
STREET ADDRESS	3530 MYSTIC POINTE DR. #1513	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	VPST	<input checked="" type="checkbox"/> Delete
NAME	FERRIS, VANESKA MS.	
STREET ADDRESS	3530 MYSTIC POINTE DR. #1513	
CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferris, Agenor Mr.	
STREET ADDRESS	1001 N Fed Hwy, ste 343	
CITY-ST-ZIP	Hallandale, FL 33309	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ferris, Vanessa Ms	
STREET ADDRESS	1001 N Fed Hwy, ste 343	
CITY-ST-ZIP	Hallandale, FL 33309	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vaneska Ferris, Ms	
STREET ADDRESS	1001 N Fed Hwy, ste 343	
CITY-ST-ZIP	Hallandale, FL 33309	
TITLE	VPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Valeska Ferris, Ms	
STREET ADDRESS	1001 N Fed Hwy, ste 343	
CITY-ST-ZIP	Hallandale, FL 33309	
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		
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: *Valeska Ferris* **Valeska Ferris** **04/21/04** **954-7099577**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #