2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 28, 2005 8:00 am **Secretary of State** DOCUMENT # P04000053395 1. Entity Name 01-28-2005 90019 012 ***158.75 FEMA DEVELOPMENT, INC. Principal Place of Business Mailing Address 7980 NW156 TEFFACE 7980 NW156 TETTACE MAM LAKES FL 33016 MAM LAKES FL. 33016 2. Principal Place of Business 3. Mailing Address 2700 GLADES CIRCLE 2700 GLADES CIRCLE Suite, Apt. #, etc. 50/16 /// Suite, Apt. #, etc. 01242005 Chg-P CR2E034 (10/03) SUITE 111 City & State 4. FEI Number Applied For City & State -37 - 1487634 WESTON FLORIDA. - WESTON - FLORIDA Not Applicable Country BROWAND. \$8.75 Additional 33327 5. Certificate of Status Desired 333 27 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EDUARDO FERREIRA FERREIRA, EDUARDO Street Address (P.O. Box Number is Not Acceptable) **7980 NW 156 TERRACE** MIAMI LAKES, FL 33016 SUITE III 2700 GUADES CIRCUE, 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 age SIGNATURE Signature, typed or printed name of registered agent and title if (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing: \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PD Change ☐ Addition TITLE ☐ Delete TIT! F FERREIRA, EDUARDO NAME FERREIRA, EDUARDO NAME 2019 HARBOR VIEW CIRCLE STREET ADDRESS **7980 NW 156 TERRACE** STREET ADDRESS WESTON, FLORIDA 33327 CITY-ST-ZIP CITY-ST-7IP MIAMI LAKES, FL 33016 Delete TITLE ☐ Addition TITLE V.D. FERREIRA, ALBAND 123 N.W. BERKELEY AVE NAME FERREIRA, ALBANO NAME **7980 NW 156 TERRACE** STREET ADDRESS STREET ADDRESS FLONIDA 34986 DONT ST. WGE. CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

EDVARDO A. FERRETHA

1-75-05

FILED