

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080852

Entity Name: FM ALL CONTRACTORS, CORP.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

4874 CASON COVE DR
107
ORLANDO, FL 32811 US

New Principal Place of Business:

Current Mailing Address:

4874 CASON COVE DR
107
ORLANDO, FL 32811 US

New Mailing Address:

FEI Number: 20-2957246

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA, FLAVIO R
4874 CASON COVE DR
107
ORLANDO, FL 32811 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SILVA, FLAVIO R
Address: 4874 CASON COVE DR #107
City-St-Zip: ORLANDO, FL 32811 US

Title: VP () Delete
Name: SILVA, MAURICIO M
Address: 4874 CASON COVE DR #107
City-St-Zip: ORLANDO, FL 32811 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: GONCALVES, MARCOS E
Address: 4874 CASON COVE DR #107
City-St-Zip: ORLANDO, FL 32811 US

Title: DIR () Change (X) Addition
Name: VIEIRA, EDVALDO G
Address: 4874 CASON COVE DR # 107
City-St-Zip: ORLANDO, FL 32811 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FLAVIO R SILVA

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date