

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080852

Entity Name: FM ALL CONTRACTORS, CORP.

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

4874 CASON COVE DR  
# 107  
ORLANDO, FL 32811 US

## Current Mailing Address:

4874 CASON COVE DR  
# 107  
ORLANDO, FL 32811 US

## New Principal Place of Business:

6024 RALEIGH ST.  
2813  
ORLANDO, FL 32835 US

## New Mailing Address:

6024 RALEIGH ST.  
2813  
ORLANDO, FL 32835 US

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:

SILVA, FLAVIO R  
6024 RALEIGH ST.  
2813  
ORLANDO, FL 32835 US

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:

04/30/2009

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: GONCALVES, MARCOS E  
Address: 4874 CASON COVE DR #107  
City-St-Zip: ORLANDO, FL 32811 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SILVA, FLAVIO R  
Address: 6024 RALEIGH ST.  
City-St-Zip: ORLANDO, FL 32835 US

Title: VP (X) Change ( ) Addition  
Name: GONCALVES, MARCOS E  
Address: 6024 RALEIGH ST.  
City-St-Zip: ORLANDO, FL 32835 US

Title: DIR (X) Change ( ) Addition  
Name: REZENDE, YURY R  
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. DA SILVA

P

04/30/2009

Electronic Signature of Signing Officer or Director

Date