2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000089496

Entity Name: FMA. INC

FILED May 01, 2009 Secretary of State

Entity Nar	me: FIVIA, INC	•			
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1124 ORN KISSIMME	E COURT E, FL 34759	US			
Current Mailing Address:			New Mailing Address:		
1124 ORN KISSIMME	E COURT E, FL 34759	US			
FEI Number:	:	FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
MARTINEZ, THOMAS J 1124 ORNE COURT KISSIMMEE, FL 34759		US	MARTINEZ, JR, THOM/ 1124 ORNE COURT KISSIMMEE, FL 34759	4S US	
	named entity se of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: THOMAS MARTINEZ, JR				05/01/2009	
	Electror	nic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () MARTINEZ, TH 1124 ORNE CO KISSIMMEE, FI	DURT	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () MARTINEZ, IRI 1124 ORNE CO KISSIMMEE, F	DURT	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	SEC () MARTINEZ, TH 1124 ORNE CO KISSIMMEE, FI	DURT	Title: (Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address:	TREA () MARTINEZ, IRI 1124 ORNE CO		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: THOMAS MARTINEZ PRES 05/01/2009

KISSIMMEE, FL 34759 US

City-St-Zip: