

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000021471	
1. Entity Name	
Fema Ventures Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Regency Square , 500 S R 436 Suite 2024		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Casselberry, FL		City & State	
Zip 32707	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 69-3230191	<input type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name Sabrkhani Robert	
Street Address (P.O. Box Number is Not Acceptable) 500 SR 436 Ste 2024	
City Casselberry	FL Zip Code 32707

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State
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9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Director Cacdac Manual A 500 SR 436 Ste 2024 Casselberry, Florida - 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Cacdac Fe 500 SR 436 Ste 2024 Casselberry, Florida - 32707
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11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U00000136970 04/29/04-80022-004 150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: FCACDAC, M.D. - FE. CACDAC 4/21/04 812/234-0236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #