

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P94000075678**

1. Entity Name  
**FMC INTERNATIONAL, CORP.**



Principal Place of Business  
**5461 NW 72ND AVE  
MIAMI, FL 33166 US**

Mailing Address  
**2210 WEST 53RD PLACE  
MIAMI, FL 33016 US**

**2. Principal Place of Business**

**3. Mailing Address**



Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

**65-0525977**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

**GUILLERMO, SANCHEZ  
3817 ESTEPONA AVE.  
MIAMI, FL 33178**

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution.**

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **STD**  
NAME **SANCHEZ, GUILLERMO**  
STREET ADDRESS **6065 N.W. 82ND AVE.**  
CITY-ST-ZIP **MIAMI, FL 33166**

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

**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:**

*Guillermo Sanchez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-28-04**

Date

**305-863-9437**

Daytime Phone #

**FILED  
Apr 30, 2004 8:00 am  
Secretary of State**

04-30-2004 90244 002 \*\*\*150.00