

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000075678

1. Entity Name  
FMC INTERNATIONAL, CORP.



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

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

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



04282004

Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0525977

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUILLERMO, SANCHEZ  
3817 ESTEPONA AVE.  
MIAMI, FL 33178

Name

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

City

**FL** Zip Code

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

X

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STD  
NAME GUILLERMO SANCHEZ  
STREET ADDRESS 3817 ESTEPONA AVE.  
CITY-ST-ZIP MIAMI, FL 33178

Change

Addition

X

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-04

Date

305-863-9433

Daytime Phone #