

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000018257

Entity Name: FM AUTOMOTIVE, INC.

FILED  
Mar 27, 2007  
Secretary of State

**Current Principal Place of Business:**

1119 S ORANGE BLISM TRL  
ORLANDO, FL 32805 US

**New Principal Place of Business:**

**Current Mailing Address:**

1119 S ORANGE BLISM TRL  
ORLANDO, FL 32805 US

**New Mailing Address:**

FEI Number: 59-3361752

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDOZA, FRANKLIN  
3508 EMERYWOOD LN  
ORLANDO, FL 32812 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PT ( ) Delete  
Name: MENDOZA, FRANKLIN  
Address: 3508 EMERYWOOD LN  
City-St-Zip: ORLANDO, FL

Title: VS ( ) Delete  
Name: MENDOZA, JENNIFER A  
Address: 3508 EMERY WOOD LN  
City-St-Zip: ORLANOD, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANKLIN MENDOZA

P

03/27/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date