
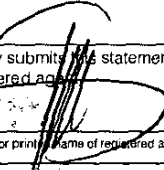
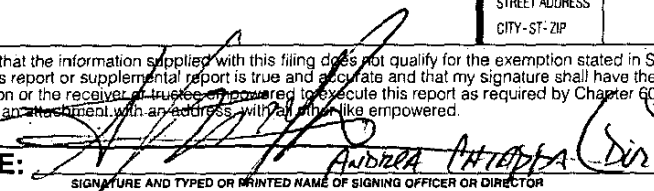


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90283 023 ***158.75

| | | | | | |
|--|---|---|--|--|--|
| DOCUMENT # P96000028894 1. Entity Name F.C. ONE INTERNATIONAL, INC. | | | |  | |
| Principal Place of Business 530 OCEAN DRIVE PH-4 MIAMI BEACH, FL 33139 | | Mailing Address 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 1570 MADRUGA AVE SUITE 211 | | | |
| City & State CORAL GABLES FL | | 4. FEI Number 65-0669104 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33146 | | Country USA | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LOPEZ-GARCIA, JORGE L 395 ALHAMBRA CIRCLE SUITE 301 CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name JORGE L. LOPEZ-GARCIA Street Address (P.O. Box Number is Not Acceptable) 1570 MADRUGA AVE. # 211 City CORAL GABLES FL Zip Code 33146 | | |
| 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  JORGE L. LOPEZ-GARCIA 4/27/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees. | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPSD FOGLIATI, MARIA T 530 OCEAN DRIVE, PH-4 MIAMI BEACH, FL 33139 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTD CHIAPPA, ANDREA 6767 COLLINS AVENUE, #2103 MIAMI BEACH, FL 33140 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Change <input type="checkbox"/> 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 full power like empowered. | | | | | |
| SIGNATURE:  ANDREA CHIAPPA (Dir) 3/4/2004 (305-662-2525) <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

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03042004 Chg-P CR2E034 (10/03)