


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # P99000111341 1. Entity Name FERCOR INTERNATIONAL CORP.	
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Principal Place of Business 3530 MYSTIC POINTE DRIVE APT 1513 AVENTURA, FL 33180 US	Mailing Address 3530 MYSTIC POINTE DRIVE APT 1513 AVENTURA, FL 33180 US
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04222004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1021450	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FERRIS VALESKA 3550 MYSTICPOINTE DR. #1513 MIAMI, FL 33180
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**DO NOT WRITE
IN THIS SPACE**

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

**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 NAME STREET ADDRESS CITY - ST - ZIP	PVST FERRIS, AGENOR 3530 MYSTIC POINTE DR #1513 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRIS, AGENOR 3530 MYSTIC POINTE DR #1513 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V FERRIS, VANESKA 3530 MYSTIC POINTE DR #1513 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FERRIS, VALESKA 3530 MYSTIC POINTE DR STE 1513 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FERRIS, VANESSA 3530 MYSTIC POINTE DRIVE STE 1513 MIAMI, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/29/04-80020-012 150.00

**DO NOT WRITE
IN THIS SPACE**

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: Juiss V Valeska Ferris 04/21/04 954-7099577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #