



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # V36896 1. Entity Name FIA CORPORATION			
Principal Place of Business 8360 W OAKLAND PARK BLVD 201 SUNRISE, FL 33351 US		Mailing Address 8360 W OAKLAND PARK BLVD 201 SUNRISE, FL 33351 US	
DO NOT WRITE IN THIS SPACE			
		 03292005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0357751 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 MREJEN, ARIE P.A. 701 W CYPRESS CREEK ROAD SUITE 302 FT LAUDERDALE, FL 33309			
		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D KADOCH, DAVID 1250 NW FLAMINGO RD. PLANTATION, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DT ZOUR, ISRAEL 12700 N. BISCAYNE BLVD., STE. 202 N. MIAMI, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P MENDIOLA, JOSE 1431 NW 139TH AVE. SUNRISE, FL 33323		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S KADOCH, MICHAEL 1250 NW FLAMINGO RD. PLANTATION, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP FORESTEN, BRUCE 4045 SHERIDAN AVE. NORTH MIAMI, FL		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>BRUCE S. FORESTER</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		VICE PRESIDENT + CFO 22 APR 2005 954 749 7030 Date Daytime Phone #	