

FROM : DUBE ACCOUNTING

FAX NO. : 305 2215895

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90050 025 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P02000038680 1. Entity Name FMV HOLDING COMPANY																											
Principal Place of Business 1898 SW 20 ST MIAMI, FL 33145		Mailing Address 181 GRANDON BLVD #401 KEY BISCAYNE, FL 33149																									
2. Principal Place of Business 1898 SW 22 ST Suite, Apt. #, etc. 0		3. Mailing Address Suite, Apt. #, etc. 																									
City & State MIAMI FL		City & State 																									
Zip 33145		Country U.S.																									
6. Name and Address of Current Registered Agent MELENDEZ-VILLAMIL, FERNANDO 181 GRANDON BLVD #401 KEY BISCAYNE, FL 33149		7. Name and Address of New Registered Agent 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 use if applicable. (NOTE: Registered Agent signature required when reinstating)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>MELENDEZ-VILLAMIL, FERNANDO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>181 GRANDON BLVD #401</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>KEY BISCAYNE, FL 33149</td> <td></td> </tr> </table>		TITLE	NAME	☐ Delete	NAME	MELENDEZ-VILLAMIL, FERNANDO		STREET ADDRESS	181 GRANDON BLVD #401		CITY-ST-ZIP	KEY BISCAYNE, FL 33149		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	☐ Delete																									
NAME	MELENDEZ-VILLAMIL, FERNANDO																										
STREET ADDRESS	181 GRANDON BLVD #401																										
CITY-ST-ZIP	KEY BISCAYNE, FL 33149																										
TITLE	NAME	☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	☐ Change ☐ Addition																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	☐ Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: center;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	NAME	☐ Delete																									
NAME																											
STREET ADDRESS																											
CITY-ST-ZIP																											
TITLE	NAME	☐ Change ☐ Addition																									
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)(l), 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		Date 3-30-05 Daytime Phone # 305-8608484																									

40044726

03312005 Chg-P CR2E034 (10/03)

 4. FEI Number
02-0581877

 Applied For
☐ Not Applicable

 5. Certificate of Status Desired ☐ \$8.75 Additional
 Fee Required

 MENDEZ-VILLAMIL, FERNANDO
 181 GRANDON BLVD #401
 KEY BISCAYNE, FL 33149

Name

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

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and use if applicable.

(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. ☐
\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	☐ Delete
NAME	MELENDEZ-VILLAMIL, FERNANDO	
STREET ADDRESS	181 GRANDON BLVD #401	
CITY-ST-ZIP	KEY BISCAYNE, FL 33149	

TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	NAME	☐ Change ☐ Addition
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)(l), 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

Date

Daytime Phone #