2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2005 08:00 AM **DOCUMENT # P92000010223 Secretary of State** F.P.M. CONSULTING, INC. Mailing Address Principal Place of Business 171 N.E. 102D STREET 171 N.E. 102D STREET MIAMI SHORES, FL 33138 MIAMI SHORES, FL 33138 01102005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-4426562 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MURET, FREDDY DO NOT WRITE 171 N.E. 102D STREET MIAMI SHORES, FL 33138 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PDR TITLE NAME MURET, PAULE 171 N.E. 102D STREET STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL 33138 1100000016524 TITLE A-, nak-muna-us 150.00 MURET, FRED NAME 171 N.E. 102ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI SHORES, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP **JJTIT** NAME

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 Toro Mun

STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS

01/22/ 05 3.5756 9300 Daylime Phone v

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