


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90026 034 ***150.00

DOCUMENT # 372831	
1. Entity Name FIRST MANAGEMENT COMPANY	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 10691 N.Kendall Dr.		3. Mailing Address 10691 N.Kendall Dr.	
Suite, Apt. #, etc. Suite 108		Suite, Apt. #, etc. Suite 108	
City & State Miami, FL		City & State Miami, FL	
Zip 33176	Country USA	Zip 33176	Country USA
4. FEI Number 59-1365902		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Stechmann, Robert A.
Street Address (P.O. Box Number is Not Acceptable) 10691 N. Kendall Dr., Suite 108
City Miami FL Zip Code 33176

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 _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Stechmann, Robert A. 10691 N. Kendall Dr., Suite 108 Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Stechmann, Ann 10691 N.Kendall Dr., Suite 108 Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  3/25/04 305-5986253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)