

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

|                                                             |                                                                                   |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # 582030</b><br>1. Entry Name<br>FMSBONDS, INC. |  |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                      |                                                                        |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>20660 W. DIXIE HIGHWAY<br>NORTH MIAMI BEACH, FL 33180 | Mailing Address<br>301 YAMATO ROAD<br>#2100<br>BOCA RATON, FL 33431 US |
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02162005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>59-1842344 | Applied For<br>Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional<br>Fee Required |
|----------------------------------------------------------------------|-----------------------------------|

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| 6. Name and Address of Current Registered Agent<br><br>SELIGSOHN, MICHAEL S<br>301 YAMATO ROAD<br>SUITE 2100<br>PLANTATION, FL 33324 |
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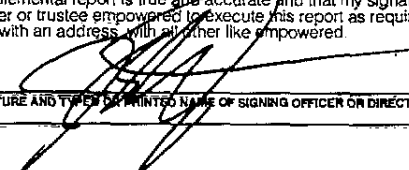
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |            |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                  | DATE _____ |

|                                                                               |                                                                                                                            |
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| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
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| 10. OFFICERS AND DIRECTORS                     |                                                                                |
|------------------------------------------------|--------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>KLOTZ, JAMES A<br>20660 W. DIXIE HIGHWAY<br>NORTH MIAMI BEACH, FL 33180  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | C<br>FEINSILVER, PAUL<br>20660 W. DIXIE HWY<br>NORTH MIAMI BEACH, FL 33180     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>SELIGSOHN, MICHAEL A<br>301 YAMOTA ROAD, STE 2100<br>BOCA RATON, FL 33431 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BERWICK, TODD<br>301 YAMATO ROAD, STE 2100<br>BOCA RATON, FL 33431        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>BLUM, ANDREW<br>20660 W. DIXIE HIGHWAY<br>NORTH MIAMI BEACH, FL 33180     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>DIMOND, RICHARD<br>20660 W. DIXIE HIGHWAY<br>NORTH MIAMI BEACH, FL 33180  |

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                            |
| SIGNATURE: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date <u>2/17/05</u><br>Daytime Phone # <u>561-368-5284</u> |