2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2007 8:00 am
Secretary of State
05-24-2007 90196 001 ***317.50

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1. Entity Name
FMSBONDS, INC.

66019468

Principal Place of Business	Mailing Address
20660 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180	301 YAMATO ROAD #2100 BOCA RATON, FL 33431 US

05142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1842344
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SELIGSOHN, MICHEAL S
301 YAMATO ROAD
SUITE 2100
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KLOTZ, JAMES A
STREET ADDRESS	20660 W. DIXIE HIGHWAY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	C
NAME	FEINSILVER, PAUL
STREET ADDRESS	20660 W. DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	V
NAME	SELIGSOHN, MICHAEL A
STREET ADDRESS	301 YAMOTA ROAD, STE 2100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	V
NAME	BERWICK, TODD
STREET ADDRESS	301 YAMATO ROAD, STE 2100
CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	V
NAME	BLUM, ANDREW
STREET ADDRESS	20660 W. DIXIE HIGHWAY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	V
NAME	DIMOND, RICHARD
STREET ADDRESS	20660 W. DIXIE HIGHWAY
CITY-ST-ZIP	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 exemptions contained in Chapter 119, 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 INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone #