


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

1. Entity Name G40549 FMS MANAGEMENT SYSTEMS, INC.	
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Principal Place of Business % MARTIN FREEDMAN 2655 NE 189TH ST NORTH MIAMI BEACH, FL 33180	Mailing Address % MARTIN FREEDMAN 2655 NE 189TH ST NORTH MIAMI BEACH, FL 33180
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02092004

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1275045	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent FREEDMAN, MARTIN 2655 NE 189TH ST NORTH MIAMI BEACH, FL 33180	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00	U00000098056 03/29/04-80025-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FREEDMAN, GRACIE 2655 NE 189TH ST N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DEJESUS, MARY (ASST) 2655 NE 189TH ST N MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS FINKEL, NATHAN 2655 NE 189TH ST N. MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FREEDMAN, MARTIN 2655 NE 189TH ST N. MIAMI BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEONARD, BOB 2655 NE 189TH STREET NORTH MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Mary DeJesus* - MARY DEJESUS 3/26/04 - 305-931-5470