

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # G40549

1. Entity Name
FMS MANAGEMENT SYSTEMS, INC.



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



DO NOT WRITE IN THIS SPACE

04182005 No Chg-P CR2E034 (10/03)

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

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**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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	

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04/21/05-80078-004 158.75

**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)(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:

EB Freedman V/Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05
Date

Daytime Phone # _____