

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 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**



03032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1275045

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**000000501267
04/25/06-80055-023 158.75**

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	FREEDMAN, GRACIE
STREET ADDRESS	2655 NE 189TH ST
CITY-ST-ZIP	N MIAMI BEACH, FL
TITLE	AS
NAME	DEJESUS, MARY (ASST)
STREET ADDRESS	2655 NE 189TH ST
CITY-ST-ZIP	N MIAMI BEACH, FL
TITLE	VPS
NAME	FINKEL, NATHAN
STREET ADDRESS	2655 NE 189TH ST
CITY-ST-ZIP	N. MIAMI BCH, FL
TITLE	VPT
NAME	FREEDMAN, MARTIN
STREET ADDRESS	2655 NE 189TH ST
CITY-ST-ZIP	N. MIAMI BCH, FL
TITLE	P
NAME	LEONARD, BOB
STREET ADDRESS	2655 NE 189TH STREET
CITY-ST-ZIP	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 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: *Mary De Jesus - MARY DEJESUS*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 305-931-5457