


FILED
Jun 20, 2007 8:00 am
Secretary of State

05-24-2007 90196 001 ***317.50

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # M60239 1. Entity Name FMS EQUITY CORP.	
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Principal Place of Business 20660 W. DIXIE HIGHWAY N. MIAMI BEACH, FL 33180	Mailing Address 301 YAMATO RD # 2100 BOCA RATON, FL 33431
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66019469



05142007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0011428	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>	Applied For	Not Applicable
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

**SELIGSOHN, MICHAEL
 301 YAMATO RD
 STE 2100
 BOCA RATON, FL 33431**

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 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	DP KLOTZ, JAMES A. 3425 SADDLE BROOKE LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FEINSILVER, PAUL 20660 W DIXIE HWY NORTH MIAMI BCH, FL
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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 SIGNING OFFICER OR DIRECTOR Date Daytime Phone #