


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90079 046 \*\*\*150.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # P01000104374</b>  |  |  |   |  |  |
| 1. Entity Name<br><b>FMS REALTY, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>1301 101 STREET<br/>BAY HARBOR ISLANDS FL 33154</b>   |  |  | Mailing Address<br><b>1301 101 STREET<br/>BAY HARBOR ISLANDS FL 33154</b>                                       |   |  |
| 2. Principal Place of Business<br><b>528 S.W. 9th AVE. MIAMI, FL</b>  |  | 3. Mailing Address<br><b>P.O. BOX 546871</b>         |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.                                  |   |   |  |
| City & State<br><b>MIAMI, FL</b>  |  | City & State<br><b>BAY HARBOR ISLAND<br/>FLORIDA</b> |   |   |  |
| Zip<br><b>33130</b>   | Country<br><b>MIAMI-DADE</b>   | Zip<br><b>33154</b>                                  | Country<br><b>MIAMI-DADE</b>  | 4. FEI Number<br><b>26-0029607</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |   | Applied For<br>Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><b>GORFINKEL, NESTOR B<br/>20818 W DIXIE HWY<br/>AVENTURA FL 33180</b>   |  |  |   | 7. Name and Address of New Registered Agent<br><b>N/A</b>                         |  |
| 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<br>After May 1, 2005 Fee Will Be \$550.00<br>Make Check Payable to Florida Department of State  |  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |   |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>SELESKY, MOISES<br>1301 101 STREET<br>BAY HARBOR FL 33154 <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>SELESKY, SAM<br>1301 101 STREET<br>BAY HARBOR FL 33154 <input type="checkbox"/> Delete    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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: <i>M. Selesky</i>  |  |  | 1-27-05 305-9868383   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  | Date Daytime Phone #  |   |  |

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1st MOORE CR2E034 (10/04)