2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000104374

1. Entity Name

FMS REALTY, INC.

Principal Place of Business	Mailing Address
528 S W 9TH AVE MIAMI FL 33130	PO BOX 546871 BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business	3. Mailing Address
528 S.W. 9th AVE. Suite, Apt. #, etc.	P.O. BOX 546871 Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: BAY HARBOR ISLAND, FL
Zip: 33130 / Country: USA	Zip: 33154 / Country: USA

1st MOORE CR2E034 (10/05)

4. FEI Number: 26-0029607 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORFINKEL, NESTOR B 20818 W DIXIE HWY AVENTURA FL 33180	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 accep the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May B Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SELESKY, MOISES 1301 101 STREET BAY HARBOR FL 33154 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100000450451 N/A 03/10/06-80007-005 150.00 ☐ Change ☐ Addi
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12. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the informatic 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 direc 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 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 #