
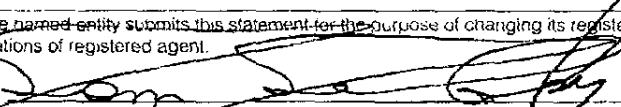
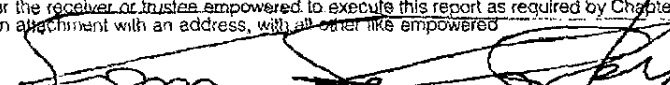


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

<b>DOCUMENT # P01000104374</b> 1. Entity Name <b>FMS REALTY, INC.</b>		
Principal Place of Business <b>528 S W 9TH AVE MIAMI FL 33130</b>		Mailing Address <b>PO BOX 546871 BAY HARBOR ISLANDS FL 33154</b>
2. Principal Place of Business <b>528 S.W. 9th AVE.</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>P.O. BOX 546871</b> <small>Suite, Apt. #, etc.</small>
City & State <b>MIAMI, FLORIDA</b>		City & State <b>BAY HARBOR ISLAND, FL</b>
Zip <b>33130</b>	Country <b>USA</b>	4. FLI Number <b>26-0029607</b>
Zip <b>33154</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>GORFINKEL, NESTOR B 20818 W DIXIE HWY AVENTURA FL 33180</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 accept, the obligations of registered agent. SIGNATURE  DATE _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when retainering)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
TITLE <input type="checkbox"/> Delete <b>P</b> NAME <b>SELESKY, MOISES</b> STREET ADDRESS <b>1301 101 STREET</b> CITY-ST-ZIP <b>BAY HARBOR FL 33154</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add <b>N/A</b> NAME <b>100000450451</b> STREET ADDRESS <b>03/10/06-80007-005</b> CITY-ST-ZIP <b>150.00</b>	
TITLE <input type="checkbox"/> Delete <b>S</b> NAME <b>SELESKY, SAM</b> STREET ADDRESS <b>1301 101 STREET</b> CITY-ST-ZIP <b>BAY HARBOR FL 33154</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add <b>N/A</b> NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add <b>N/A</b> NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add <b>N/A</b> NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add <b>N/A</b> NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add <b>N/A</b> NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	
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 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		
<b>SIGNATURE:</b> 		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		