

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90064 009 ***150.00

DOCUMENT # P01000104374

1. Entity Name

FMS REALTY, INC.



Principal Place of Business

528 S W 9TH AVE
MIAMI FL 33130

Mailing Address

PO BOX 546871
BAY HARBOR ISLANDS FL 33154



2. Principal Place of Business - No P.O. Box #

528 S.W. 9th AVE.

Suite, Apt. #, etc.

3. Mailing Address

1301 101st. ST.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MIAMI, FL

City & State

BAY HARBOR ISLAND, FL

4. FEI Number

26-0029607

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

33154

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORFINKEL, NESTOR B
20818 W DIXIE HWY
AVENTURA FL 33180

7. Name and Address of New Registered Agent

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 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 reissuing)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SELESKY, MOISES ☐ Delete
STREET ADDRESS 1301 101 STREET
CITY ST-ZIP BAY HARBOR FL 33154

TITLE S
NAME SELESKY, SAM ☐ Delete
STREET ADDRESS 1301 101 STREET
CITY ST-ZIP BAY HARBOR FL 33154

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY ST-ZIP

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CITY ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 1, 2007

Date

Daytime Phone #

(813)

971-75 70