


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000062178 1. Entity Name FMW MANAGEMENT, INC.	
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Principal Place of Business 7745 NW 56TH ST MIAMI, FL 33166	Mailing Address 7745 NW 56TH ST MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE



01112006 No Chg-P CRZE034 (11/05)

4. FEI Number 01-0716684	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SANTOS, MARIA E
7745 NW 56 STREET
MIAMI, FL 33166**

**DO NOT WRITE
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 *ME Dada* DATE 3/7/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000467507 03/23/06-00053-017 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P CABRERA, LORENZO 13771 SW 38 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTOS, MARIA E 13771 SW 38 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REN STAMM, DAVID 13771 SW 38TH STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *ME Dada* **3/7/06** **(305) 220-0559**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #