


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90440 042 ***150.00

DOCUMENT # P03000017245
 1. Entity Name
FINANCIAL MANAGEMENT CONTROL INC.



Principal Place of Business Mailing Address
1000 N. HIATUS ROAD **1000 N. HIATUS ROAD**
110 **110**
PEMBROKE PINES, FL 33026 **PEMBROKE PINES, FL 33026**

2. Principal Place of Business - No. P.O. Box # 3. Mailing Address
1909 Tyler Street **1909 Tyler Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
605 **605**



04242007 Chg-P CR2E034 (12/06)

City & State City & State
Hollywood, Florida **Hollywood, Fl.**
 Zip Country Zip Country
33020 **USA** **33020** **USA**

4. FEI Number Applied For
02-0682110 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
THOMAS, JOHN
16950 NORTH BAY ROAD
2504
SUNNY ISLES, FL 33160

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		
TITLE	V	<input type="checkbox"/> Delete
NAME	KOVACS, STEPHEN L JR	
STREET ADDRESS	1000 N HIATUS ROAD, #110	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE	P	<input type="checkbox"/> Delete
NAME	THOMAS, JOHN	
STREET ADDRESS	1000 N HIATUS RD., #110	
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 lists empowered.

SIGNATURE: Stephen L Kovacs 4/26/07 (954) 478-7462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #