

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000025979

Entity Name: FM BUSINESS CORPORATION

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

5950 LAKEHURST DR.
STE. 246
ORLANDO, FL 32819

New Principal Place of Business:

5950 LAKEHURST DR.
STE 246
ORLANDO, FL 32819

Current Mailing Address:

5950 LAKEHURST DR.
STE. 246
ORLANDO, FL 32819

New Mailing Address:

5950 LAKEHURST DR.
STE 246
ORLANDO, FL 32819

FEI Number: 76-0726266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORO, RUBEN D
7345 SAND LAKE RD.
204
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

CHAVES, MARCIA
578 NEUMANN VILLAGE COURT
OCOE, FL 34761 US

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.

SIGNATURE: MARCIA CHAVES

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CHAVES, FERNANDO
Address: 8325 CITRUS CHASE DR.
City-St-Zip: ORLANDO, FL 32836

Title: DST () Delete
Name: CHAVES, MARCIA
Address: 8325 CITRUS CHASE DR.
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: CHAVES, FERNANDO
Address: 578 NEUMANN VILLAGE COURT
City-St-Zip: OCOEE, FL 34761 US

Title: DST (X) Change () Addition
Name: CHAVES, MARCIA
Address: 578 NEUMANN VILLAGE COURT
City-St-Zip: OCOEE, FL 34761 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA CHAVES

DST

04/27/2005

Electronic Signature of Signing Officer or Director

Date