## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000098600

Entity Name: FSM 602 CORPORATION

STEINER, CLAUDIA

P.O BOX 02-5242

MIAMI, FL 33102

Name:

Address: City-St-Zip: FILED May 08, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1320 SOUTH DIXIE HWY STE 280 CORAL GABLES, FL 33146 **Current Mailing Address: New Mailing Address:** P.O. BOX 02-5242 STEINER CD 722 MIAMI, FL 33102 FEI Number: 47-0931439 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: YEPES, ORLANDO J SANCHEZ DE VARONA, MARIA 400 SW 10 ST 7800 RED RD MIAMI, FL 33130 US SOUTH MIAMI, FL 33143 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: SANCHEZ DE VARONA MARIA 05/08/2008 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition DE STEINER, INES S Name: Name: P.O. BOX 02-5242 Address: Address: City-St-Zip: MIAMI, FL 33102 City-St-Zip: Title: Title: () Delete () Change () Addition STEINER, PATRICIA Name: Name: P.O. BOX 02-5242 Address: Address: MIAMI, FL 33102 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition STEINER, JORGE Name: Name: P.O. BOX 02-5242 Address: Address: City-St-Zip: MIAMI, FL 33102 City-St-Zip: Title: ( ) Delete Title: () Change () Addition STEINER, ROBERTO Name: Name: Address: P.O. BOX 02-5242 Address: City-St-Zip: MIAMI, FL 33102 City-St-Zip: Title: Title: () Delete () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Name:

Address:

City-St-Zip:

51514 (1612). BE 61214 (1426)	SIGNATURE: DE STEINER INES	D	05/08/2008
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