


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90309 033 ***150.00

DOCUMENT # P0300011291 1. Entity Name FBMEN, INC.	
---	---

Principal Place of Business 4400 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328 US	Mailing Address 4400 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328 US
--	--

DO NOT WRITE IN THIS SPACE

03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 20-0359160	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

SILVERTHORNE, PHILIP
 4400 SOUTH UNIVERSITY DRIVE
 DAVIE, FL 33328

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTELLANOS, EDUARDO 416 COVENTRY ROAD BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SILVERTHORNE, PHILIP 4400 SOUTH UNIVERSITY DRIVE DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES TRAPP, KIMBERLY 4405 SW 160 AVENUE #209 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC SANCHEZ, ROBERTO 9529 N DIXIE HIGHWAY BOCA RATON, FL 33285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 Date Daytime Phone #