


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P0300011291

1. Entity Name
FBMEN, INC.



Principal Place of Business Mailing Address

4400 SOUTH UNIVERSITY DRIVE **4400 SOUTH UNIVERSITY DRIVE**
DAVIE, FL 33328 US **DAVIE, FL 33328 US**

DO NOT WRITE IN THIS SPACE



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-0359160 Not Applicable

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

6. Name and Address of Current Registered Agent

SILVERTHORNE, PHILIP
4400 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33328

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6. 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 _____ DATE _____
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. **\$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	

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 04/13/06-80053-003 150.00

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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:  Date: **3/29/06** Daytime Phone # _____