


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P03000111291**


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**



03142007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0359160</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SILVERTHORNE, PHILIP**  
**4400 SOUTH UNIVERSITY DRIVE**  
**DAVIE, FL 33328**

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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 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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 03/30/07-80047-017 150.00

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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:  **Kimberly Trapp TRES** 3/21/07 954.472.5008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #