## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**SIGNATURE:** 

## FILED Mar 02, 2007 08:00 AM **DOCUMENT # P05000012391 Secretary of State** FMC CLOSING CORPORATION Principal Place of Business Malling Address 3254 NW 47TH AVE 3254 NW 47TH AVE COCONUT CREEK, FL 33063 COCONUT CREEK, FL 33063 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Sulte, Apt. #, etc. 01182007 CR2E034 (12/06) Cha-P City & State Applied For City & State 4. FEI Number 20-2225774 Not Applicable Zlp Country Zlp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLON, FREDERICK M 3254 NW 47TH AVE Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK, FL 33063 Zin Code 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. (NOTE: Registered Agent signature regulred when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition COLON, FREDERICK M NAME NAME STREET ADDRESS 3254 NW 47TH AVE STREET ADDRESS COCONUT CREEK, FL 33063 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delate Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

PED NAME OF SIGNING OFFICER OR DIRECTOR