

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000029577

1. Entity Name
FCPM, INC.



Principal Place of Business
2501 HOLLYWOOD BLVD.
#200
HOLLYWOOD, FL 33020

Mailing Address
2501 HOLLYWOOD BLVD.
#200
HOLLYWOOD, FL 33020



01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2487523

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOLAND, HOWARD S ESQ.
HALEY SINAGRA PAUL & TOLAND, P.A.
100 SOUTHEAST THIRD AVE SUITE 1900
FORT LAUDERDALE, FL 33394

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000840732
03/07/08-80003-007 288.75

10. OFFICERS AND DIRECTORS

TITLE PD
NAME YOSIFOVE, YOSEF
STREET ADDRESS 2501 HOLLYWOOD BLVD. SUITE 200
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE STD
NAME MENDAL, DAVID
STREET ADDRESS 2501 HOLLYWOOD BLVD. SUITE 200
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YOSIF YOS. KOVE

2.15.08

Date

954 920-0427

Daytime Phone #