


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State


DOCUMENT # P92000010223

1. Entity Name
 F.P.M. CONSULTING, INC.



Principal Place of Business 171 N.E. 102D STREET MIAMI SHORES, FL 33138	Mailing Address 171 N.E. 102D STREET MIAMI SHORES, FL 33138
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-4426562	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

MURET, FREDDY
 171 N.E. 102D STREET
 MIAMI SHORES, FL 33138

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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	PDR MURET, PAULE 171 N.E. 102D STREET MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURET, FRED 171 N.E. 102ND STREET MIAMI SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01102005
 59-4426562-018 150.00

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 Fred Muret 01/28/05 3057569300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date By Phone #