

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90207 045 ***158.75

DOCUMENT # P93000019029

1. Entity Name
FMS PENSION SERVICES CORP.



Principal Place of Business
**20660 WEST DIXIE HWY.
NORTH MIAMI BEACH, FL 33180**

Mailing Address
**301 YAMATO ROAD
STE 2100
BOCA RATON, FL 33431 US**

40063980



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0410783

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SELIGSOHN, MICHAEL
79 NW 108 TERR
PLANTATION, FL 33324**

Name **SELIGSOHN, MICHAEL**
Street Address (P.O. Box Number is Not Acceptable)
301 YAMATO ROAD
SUITE 2100
City **BOCA RATON** FL Zip Code **33431**

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

4/24/06

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **KLOTZ, JAMES**
STREET ADDRESS **20660 W DIXIE HWY**
CITY-ST-ZIP **N MIAMI BEACH, FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VSTD** ☐ Delete
NAME **FEINSILVER, PAUL**
STREET ADDRESS **20660 W DIXIE HWY**
CITY-ST-ZIP **N MIAMI BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

JAMES KLOTZ

4/24/06

Date

561-368-5284

Daytime Phone #