

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000067289

1. Entity Name
FOCUS MANAGEMENT GROUP, INC.



Principal Place of Business

7900 GLADES ROAD
SUITE 420
BOCA RATON, FL 33434

Mailing Address

7900 GLADES ROAD
SUITE 420
BOCA RATON, FL 33434

DO NOT WRITE IN THIS SPACE



01162004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0691241 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOPPEL, MICHAEL
7900 GLADES ROAD
SUITE 420
BOCA RATON, FL 33434

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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, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	TOPPEL, HAROLD
STREET ADDRESS	7900 GLADES RD, STE 420
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	DVP
NAME	TOPPEL, MICHAEL
STREET ADDRESS	7900 GLADES RD, STE 420
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	DST
NAME	TOPPEL, JONATHAN
STREET ADDRESS	7900 GLADES RD, STE 420
CITY-ST-ZIP	BOCA RATON, FL 33434
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/01/04-80003-025 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael Toppel

3/26/04

561-451-4696

Date

Daytime Phone #