

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000102474

Entity Name: FUNERAL MANAGEMENT, INC.

FILED
Feb 16, 2005
Secretary of State

Current Principal Place of Business:

2075 N.W. 54 STREET
MIAMI, FL 331423071 US

New Principal Place of Business:

Current Mailing Address:

2075 NW 54 STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0714937

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRESHMAN, JERALD A
9130 S DADELAND BLVD
SUITE 1701
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MANKER, WILLIAM E JR
Address: 4350 NW 11 CT
City-St-Zip: MIAMI, FL 33127

Title: VD () Delete
Name: MANKER, MONICA
Address: 12820 NW 13 AVE
City-St-Zip: MIAMI, FL 33167

Title: TD (X) Delete
Name: MANKER, MARCIA
Address: 4350 NW 11 CT
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MANKER, MONICA-GRACE P
Address: 12820 NORTHWEST 13TH AVENUE
City-St-Zip: NORTHMIAMI, FL 33167

Title: VD (X) Change () Addition
Name: MANKER, MARCIA-AVIS
Address: 4350 NORTHWEST 11TH COURT
City-St-Zip: MIAMI, FL 33127

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MONICA-GRACE MANKER

PD

02/16/2005

Electronic Signature of Signing Officer or Director

_____ Date