


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000006420</b>	
<b>1. Entity Name</b> FM FINANCIAL GROUP, INC.	

<b>Principal Place of Business</b> 5200 BLUE LAGOON DRIVE SUITE 750 MIAMI, FL 33126	<b>Mailing Address</b> 5200 BLUE LAGOON DRIVE SUITE 750 MIAMI, FL 33126
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08122005 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 65-0740226	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  ACOSTA, FRANK M 5200 BLUE LAGOON DRIVE SUITE 750 MIAMI, FL 33126
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<b>DO NOT WRITE IN THIS SPACE</b>
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**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  
Due by September 7, 2005**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ACOSTA, FRANK M 5200 BLUE LAGOON DR, STE 750 MIAMI, FL 33126
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<p>000003/6806 08/22/05-80003-608 150.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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)(f), 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

8-15-05 (305) 265-8118.  
Date Daytime Phone #