

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000038117



1. Entity Name
FGM, INC.

Principal Place of Business
PO BOX 835396
MIAMI, FL 33283

Mailing Address
PO BOX 835396
MIAMI, FL 33283

DO NOT WRITE IN THIS SPACE

50014836



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0830297	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

MUNOZ, TEJESITA
13120 SW 64 TERR APT 1512
MIAMI, FL 33183

**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

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, 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	PS MUNOZ, TERESITA PO-BOX 22494 8306 MILLS DRIVE #446 LAKE BUENA VISTA FL 328302494 MIAMI- FL 33183
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *Teresita Munoz* **TERESITA MUNOZ** **1/18/05** **(305)** **582-3395**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #