

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

06-30-2006 90001 011 \*\*\*150.00  
P99000085868

**FILED**  
2006 DEC 13 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

40097590

<b>DOCUMENT #</b> P-99000085868
1. Entity Name
F-C-M FINANCIAL SERVICES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3401 N.W. 202ND STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FL		City & State	
Zip 33056-1722	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0961843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Barbara Foust
Street Address (P.O. Box Number is Not Acceptable) 3401 N.W. 202nd Street
City Miami
State FL
Zip Code 33056-1722

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

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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	PRESIDENT BARBARA FOUST 3401 N.W. 202ND STREET MIAMI GARDENS, FLORIDA 33056-1722
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT FABIAN CONE 3370 N.W. 197TH TERRACE MIAMI GARDENS, FLORIDA 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER PATRICIA CONE MILLER 3605 N.W. 181ST STREET MIAMI GARDENS, FLORIDA 33056
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY RONDRIETTA FOUST 2427 CENTER GATE DRIVE #207 MIRAMAR, FLORIDA 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B. 12/13/06

**11.**

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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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Barbara Foust* BARBARA FOUST, PRESIDENT 4/8/2006 305-623-5109  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #