

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # V09576

1. Entity Name

FIDELITY MANAGEMENT CORP.



Principal Place of Business

825 BRICKELL BAY DR
TOWER III, STE 1643
MIAMI, FL 33131 US

Mailing Address

825 BRICKELL BAY DR
TOWER III, STE 1643
MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number

65-0311517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MENDELSON, LAURANS A.
825 SOUTH BAYSHORE DRIVE
SUITE 1643
MIAMI, FL 33131

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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, 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 P
NAME MENDELSON, LAURANS A
STREET ADDRESS 825 BRICKELL BAY DRIVE #1643
CITY-ST-ZIP MIAMI, FL 33131

TITLE S
NAME MENDELSON, ARLEEN
STREET ADDRESS 825 BRICKELL BAY DRIVE #1643
CITY-ST-ZIP MIAMI, FL 33131

TITLE AS
NAME VETER, JUDITH
STREET ADDRESS 825 BRICKELL BAY DRIVE #1643
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000325898
04/23/05-80033-024 150.00

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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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Laurans A. Mendelson 4/20/05 305-374-1744