## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #313994**

1. Entity Name

THE B.D.M. FINANCIAL CORPORATION



FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

2601 BISCAYNE BLVD P.O. BOX 370308 MIAMI, FL 33137 Mailing Address

2601 BISCAYNE BLVD P.O. BOX 370308 MIAMI, FL 33137



01142004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-1233970

Applied Fo

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, ANTONIO 2601 BISCAYNE BLVD MIAMI, FL 33137

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|  | named entity submits this statement for the poor of registered agent. | ourpose of changing its registered | d office or re                                    | egistered agent, or bo         | oth, in the State of Florida. I am familiar with, and acc |  |
|--|---|------------------------------------|---|--------------------------------|---|--|
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent sign    |   |                                    |   | required when reinstating)     | DATE  |  |
| FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution. |   |                                    | cing  | \$5.00 May Be<br>Added to Fees |   |  |
| 10.  | OFFICERS AND DIRE   | CTORS                              |   |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>MILLER, ROGER<br>2601 BISCAYNE BLVD.<br>MIAMI, FL               |                                    | 014999148556<br>15.03314-59151-014 1 <b>50.00</b> |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DST<br>GOLDSTEIN, MICHELLE<br>2601 BISCAYNE BLVD.<br>MIAMI, FL        |                                    |   | DO NOT WRITE<br>IN THIS SPACE  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |                                    |   |                                |   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                                    |   |                                |   |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |                                    |   |                                |   |  |
| TITLE NAME STREET ADDRESS CITY+ST-ZIP  |   |                                    |   |                                |   |  |

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 informational 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 direct 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 changed, or on an attachment with a state of the corporation of the corporation of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block changed, or on an attachment with a state of the corporation of the corpor