

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002070

Entity Name: HMG ADVISORY CORP.

FILED  
Jan 14, 2004  
Secretary of State

**Current Principal Place of Business:**

1870 SOUTH BAYSHORE DR  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

1870 SOUTH BAYSHORE DR  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number: 65-0777350      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: WIENER, MAURICE  
Address: 1870 SOUTH BAYSHORE DR  
City-St-Zip: MIAMI, FL 33133

Title: PD ( ) Delete  
Name: ROTHSTEIN, LAWRENCE  
Address: 1870 SOUTH BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133

Title: V ( ) Delete  
Name: CAMAROTTI, CARLOS  
Address: 1870 SOUTH BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133

Title: V ( ) Delete  
Name: LERNER, BERNARD  
Address: 1870 SOUTH BAYSHORE DR  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS CAMAROTTI

V

01/14/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date