


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90042 001 \*\*\*150.00

**50004350**



|   |                                |  |   |   |  |    |          |
|---|--------------------------------|--|---|---|--|----|----------|
| <b>DOCUMENT # M46904</b>  |                                |  |   |  |  |    |          |
| 1. Entity Name<br>BMI FINANCIAL GROUP, INC.   |                                |  |   |   |  |    |          |
| Principal Place of Business<br>1320 S. DIXIE HWY<br>SIXTH FLOOR<br>CORAL GABLES, FL 33146 US  |                                |  | Mailing Address<br>1320 S. DIXIE HWY<br>SIXTH FLOOR<br>CORAL GABLES, FL 33146 US  |   |  |    |          |
| 2. Principal Place of Business  |                                |  | 3. Mailing Address  |   |  |    |          |
| Suite, Apt. #, etc.   |                                |  | Suite, Apt. #, etc.   |   |  |    |          |
| City & State  |                                |  | City & State  |   |  |    |          |
| Zip   |                                | Country  | Zip   |   | Country  |    |          |
| 6. Name and Address of Current Registered Agent   |                                |  | 7. Name and Address of New Registered Agent   |   |  |    |          |
| DUNCAN, ROSARIO P.<br>1320 S. DIXIE HIGHWAY<br>SIXTH FLOOR<br>CORAL GABLES, FL 33146  |                                |  | Name  |   |  |    |          |
|   |                                |  | Street Address (P.O. Box Number is Not Acceptable)  |   |  |    |          |
|   |                                |  | City  |   |  | FL | Zip Code |
|   |                                |  | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                                |  |   |   |  |    |          |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |                                | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |  |    |          |
| 10. OFFICERS AND DIRECTORS  |                                |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |    |          |
| TITLE   | PD                             | <input type="checkbox"/> Delete  | TITLE   | Controller  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |    |          |
| NAME  | SIERRA, ANTHONY F              |  | NAME  | OLIVENCIA, FRANCISCO  |  |    |          |
| STREET ADDRESS  | 1320 S. DIXIE HWY, SIXTH FLOOR |  | STREET ADDRESS  | 1320 S. Dixie Hwy., 6th Floor   |  |    |          |
| CITY-ST-ZIP   | CORAL GABLES, FL 33146         |  | CITY-ST-ZIP   | Coral Gables, FL 33146  |  |    |          |
| TITLE   | D                              | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  | VELEZ, CARLOS G                |  | NAME  |   |  |    |          |
| STREET ADDRESS  | 1320 S. DIXIE HWY, SIXTH FLOOR |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP   | CORAL GABLES, FL 33146         |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE   | V                              | <input type="checkbox"/> Delete  | TITLE   | V & VC  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |    |          |
| NAME  | BUSH, BRENT                    |  | NAME  | BUSH, BRENT   |  |    |          |
| STREET ADDRESS  | 1320 S. DIXIE HWY, SIXTH FLOOR |  | STREET ADDRESS  | 1320 S. Dixie Hwy., 6th Floor   |  |    |          |
| CITY-ST-ZIP   | CORAL GABLES, FL 33146         |  | CITY-ST-ZIP   | Coral Gables, FL 33146  |  |    |          |
| TITLE   | SD                             | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  | DUNCAN, ROSARIO P              |  | NAME  |   |  |    |          |
| STREET ADDRESS  | 1320 S. DIXIE HWY, SIXTH FLOOR |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP   | CORAL GABLES, FL 33146         |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE   | DC                             | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  | SIERRA, ANTONIO M.             |  | NAME  |   |  |    |          |
| STREET ADDRESS  | 1320 S. DIXIE HWY, SIXTH FLOOR |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP   | CORAL GABLES, FL 33146         |  | CITY-ST-ZIP   |   |  |    |          |
| TITLE   | CFO                            | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |    |          |
| NAME  | PELATI, MANUEL                 |  | NAME  |   |  |    |          |
| STREET ADDRESS  | 1320 S DIXIE HWY 6TH FLR       |  | STREET ADDRESS  |   |  |    |          |
| CITY-ST-ZIP   | CORAL GABLES, FL 33146         |  | 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 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: _____  |                                | Rosario P. Duncan, Secretary   |   | 1/17/05 (305) 668-5100  |  |    |          |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                                | Date   |   | Daytime Phone #   |  |    |          |