


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M46904
1. Entity Name
BMI FINANCIAL GROUP, INC.



Principal Place of Business 1320 S. DIXIE HWY SIXTH FLOOR CORAL GABLES, FL 33146 US	Mailing Address 1320 S. DIXIE HWY SIXTH FLOOR CORAL GABLES, FL 33146 US
--	--



D1062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2787441	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

B. Name and Address of Current Registered Agent

DUNCAN, ROSARIO P.
1320 S. DIXIE HIGHWAY
SIXTH FLOOR
CORAL GABLES, FL 33146

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	--------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, ANTHONY F 1320 S. DIXIE HWY, SIXTH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VELEZ, CARLOS G 1320 S. DIXIE HWY, SIXTH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC BUSH, BRENT 1320 S. DIXIE HWY, SIXTH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNCAN, ROSARIO P 1320 S. DIXIE HWY, SIXTH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC SIERRA, ANTONIO M. 1320 S. DIXIE HWY, SIXTH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO PELATI, MANUEL 1320 S DIXIE HWY 6TH FLR CORAL GABLES, FL 33146

100000391735
01/24/06-80052-023 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 1/16/06 305 668-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #