


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M69021

1. Entity Name
BRUMM, VEGA & ASSOCIATES, INC.



<i>Principal Place of Business</i>	<i>Mailing Address</i>
25 SE 2 AVENUE 1150 INGRAHM BUILDING MIAMI, FL 33131	25 SE 2 AVENUE 1140 INGRAHAM BLDG MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE



01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0022906	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BRUMM, ROBERT D.
25 SE 2ND AVE
SUITE 1140
MIAMI, FL 33131

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT BRUMM, ROBERT D. 935 NE 118 STREET NORTH MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS VEGA, MIREYA 2975 S.W. 129TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

03/22/04-80015-009 150.00

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: Robert D. Brumm / 3-19-04 / 305-374-3340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #