2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F28754

1. Entity Name
THE BMR COMPANIES, INC.



Principal Place of Business

4920 SW 77 ST MIAMI, FL 33143 Mailing Address

4920 SW 77 ST. _ MIAMI, FL 33143

FILED May 26, 2004 08:00 AM Secretary of State



04132004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2074616 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

RUSSINOF, BARRY 4920 SW 77ST MIAMI, FL 33143

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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_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution, \$5.00 May Be Added to Fees U00000161551 05/26/04-80003-020 150.00

OFFICERS AND DIRECTORS 10. TELE RUSSINOF, BARRY NAME STREET ADDRESS 4920 SW 77TH ST CITY-ST-ZIP MIAMI, FL इ.स.इ NAME STREET ADDRESS CITY-ST-ZIP TITLE AUTO STRADA, INC NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 eath; 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:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GINATURE AND STEED OF PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

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