

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # J30252 1. Entity Name BMLS INVESTMENTS, INC.					
Principal Place of Business 2100 N.E. 207TH ST. NORTH MIAMI BCH. FL 33179-2234			Mailing Address 2100 N.E. 207TH ST. NORTH MIAMI BCH. FL 33179-2234		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2726697	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAYER, BERNARD 2100 NE. 207 ST MIAMI FL 33179				7. Name and Address of New Registered Agent 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 registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00. Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees				10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD MAYER, BERNARD 2100 NE 207TH ST N MIAMI BCH FL			☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	STD MAYER, ERIC 2100 N.E. 207 STREET MIAMI FL			☐ Delete	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			☐ Delete	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)			☐ Delete	



1st MOORE CR2E034 (10/07)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Bernard Mayer* **BERNARD MAYER, PRESIDENT** 1/23/08 305-935-0592
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Designation #