

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90034 030 ***150.00

DOCUMENT # K33236 1. Entity Name BMI PARTNERS, INC.					
Principal Place of Business 1045 ADMIRALS WALK VERO BEACH, FL 32963 US			Mailing Address 1045 ADMIRALS WALK VERO BEACH, FL 32963 US		
2. Principal Place of Business 5315 COMPASS PT CIR Suite, Apt. #, etc.		3. Mailing Address 5315 COMPASS PT CIR Suite, Apt. #, etc.			
City & State VERO BCH, FL		City & State VERO BCH, FL		4. FEI Number 65-0094939	
Zip 32966		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRAZ, MARY J. 1045 ADMIRALS WALK VERO BEACH, FL 32963				7. Name and Address of New Registered Agent Name BRAZ, MARY J. Street Address (P.O. Box Number is Not Acceptable) 5315 COMPASS PT CIR VERO BCH FL 32966	
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. <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 NAME BRAZ, MARY J. STREET ADDRESS 1045 ADMIRALS WALK CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE 5315 COMPASS PT. CIR NAME VERO BEACH, FL 32966 STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-ZIP VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BRAZ, MARY JEAN STREET ADDRESS 1045 ADMIRALS WALK CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete		TITLE 5315 COMPASS PT CIR NAME VERO BEACH, FL 32966 STREET ADDRESS VERO BEACH, FL 32966 CITY-ST-ZIP VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FRAZIER, ILA J. STREET ADDRESS 3204 PERIMETER DRIVE CITY-ST-ZIP LAKE WORTH, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Mary J. Braz <i>Mary J. Braz</i> 3/21/04 772 794 4288 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					