

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # K33236

1. Entry Name
BMI PARTNERS, INC.



Principal Place of Business
5315 COMPASS PT CIR
VERO BEACH, FL 32966 US

Mailing Address
5315 COMPASS PT CIR
VERO BEACH, FL 32966 US



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0094939	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BRAZ, MARY J.
5315 COMPASS PT CIR
VERO BEACH, FL 32966

**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

Mary J. Braz
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000553319
05/15/06-80043-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BRAZ, MARY J.
STREET ADDRESS	5315 COMPASS PT CIR
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	D
NAME	BRAZ, MARY JEAN
STREET ADDRESS	5315 COMPASS PT CIR
CITY-ST-ZIP	VERO BEACH, FL 32966
TITLE	S
NAME	FRAZIER, ILA J.
STREET ADDRESS	3204 PERIMETER DRIVE
CITY-ST-ZIP	LAKE WORTH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

Mary Jean Braz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06 *772-7944288*
Date Daytime Phone #