2004 FOR PROFIT CORPORATION

Jan 12, 2004 8:00 am **Secretary of State** ANNUAL REPORT DOCUMENT # K60449 01-12-2004 90034 001 ***750.00 1. Entity Name BMI SERVICES, INC. Principal Place of Business Mailing Address **PP40003** 1320 S. DIXIE HWY 1320 S. DIXIE HWY SIXITH FLOOR SIXTH FLOOR CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052004 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0155997 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DUNCAN, ROSARIO P. Street Address (P.O. Box Number is Not Acceptable) 1320 S. DIXIE HWY SIXTH FLOOR CORAL GABLES, FL 33146 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SIERRA, ANTONIO M NAME STREET ADDRESS 1320 S DIXIE HWY, 6TH FLOOR STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-7iP ☐ Delete TT Change ☐ Addition TITLE TITLE SIERRA, ANTHONY E NAME NAME STREET ADDRESS 1320 S DIXIE HWY, 6TH FLOOR STREET ADDRESS City-St-7IP CORAL GABLES, FL 33134 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE DE ARMAS, ELOY NAME NAME STREET ADORESS 1320 S DIXIE HWY, SIXTH FLOOR STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33146 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition DUNCAN, ROSARIO P NAME NAME STREET ADORESS 1320 S DIXIE HWY, SIXTH FLOOR STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33146 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐1 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS

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-employeered 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosario P. Duncan/Secretary 1/9/04 (305) 668-5100

FILED