


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # K60449 1. Entity Name BMI SERVICES, INC.	
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Principal Place of Business 1320 S. DIXIE HWY SIXTH FLOOR CORAL GABLES, FL 33146 US	Mailing Address 1320 S. DIXIE HWY SIXTH FLOOR CORAL GABLES, FL 33146 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0155997	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 DUNCAN, ROSARIO P. 1320 S. DIXIE HWY SIXTH FLOOR CORAL GABLES, FL 33146

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SIERRA, ANTONIO M 1320 S DIXIE HWY, 6TH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIERRA, ANTHONY F 1320 S DIXIE HWY, 6TH FLOOR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD DE ARMAS, ELOY 1320 S DIXIE HWY, SIXTH FLOOR MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUNCAN, ROSARIO P 1320 S DIXIE HWY, SIXTH FLOOR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/07-80028-019 150.00

**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 an other like empowered.

SIGNATURE: Rosario P. Duncan, Secretary 1/19/07 305 668-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #