

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2007 8:00 am**  
**Secretary of State**

02-09-2007 90026 004 \*\*\*\*61.25

**DOCUMENT # N00000001328**

1. Entity Name  
**BUSINESS REFERRAL GROUP, INC.**



Principal Place of Business  
**420 S DIXIE HWY  
SUITE 2B  
CORAL GABLES, FL 33146**

Mailing Address  
**420 S DIXIE HWY  
SUITE 2B  
CORAL GABLES, FL 33146**

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

02032007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0950866**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ADAMS, JOHN C  
540 BILTMORE WAY  
CORAL GABLES, FL 33134**

## 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **RISTINE, ELIZABETH M**  
STREET ADDRESS **3610 SW 13TH ST**  
CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **VP** ☐ Delete  
NAME **KEMY, AZNABAY**  
STREET ADDRESS **703 WATERFORD WAY, STE 300**  
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **TD** ☐ Delete  
NAME **LAMBERTI, DOMINIC**  
STREET ADDRESS **2330 S.W. 27TH TERRACE**  
CITY-ST-ZIP **MIAMI, FL 33133**

TITLE **D** ☐ Delete  
NAME **COHEN, DEREK**  
STREET ADDRESS **2525 PONCE DE LEON BLVD, #600**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE **D** ☐ Delete  
NAME **CROWTNER, CONNIE**  
STREET ADDRESS **269 GIRALDA AVE, SUITE 302**  
CITY-ST-ZIP **MIAMI, FL 33143**

TITLE **D** ☐ Delete  
NAME **THOMAS, ROBERT**  
STREET ADDRESS **283 CATALONIA AVE**  
CITY-ST-ZIP **CORAL GABLES, FL 33134**

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**DOMINIC LAMBERTI**

Date

Daytime Phone #

**2/3/07**

**305-740-9200**