

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90005 015 \*\*\*150.00

**DOCUMENT # P00000035830**

1. Entity Name  
BMK, INC.



Principal Place of Business  
7866 W SAMPLE RD  
CORAL SPRINGS, FL 33065-4710

Mailing Address  
C/O LINDA ZIEGLER  
1600 W. OAKLAND PARK BLVD., SUITE 202  
FORT LAUDERDALE, FL 33311

24013186



01072004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-1010325

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BLOOMFIELD, RACHAEL  
1620 W. OAKLAND BLVD.  
SUITE 202  
FORT LAUDERDALE, FL 33311

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1600 W. OAKLAND PARK BLVD., STE 202  
City FT. LAUDERDALE FL Zip Code 33311

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME BLOOMFIELD, RACHAEL  
STREET ADDRESS 1620 W. OAKLAND PARK BLVD. SUITE 202  
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS 1600 W. OAKLAND PARK BLVD #202  
CITY-ST-ZIP FT. LAUDERDALE, FL 33311

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04 . 954-345-4333

Date

Daytime Phone #