


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 26, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000054502 1. Entity Name B & M CONSULTING CORP.	
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Principal Place of Business 16805 NW 12 AVENUE MIAMI, FL 33169	Mailing Address 525 VITTORIO AVENUE CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



08242004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1060329	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent NUNEZ, LEANDRO 8515 MENTIETH TERR. MIAMI LAKES, FL 33015	DO NOT WRITE IN THIS SPACE
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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NUNEZ, LEANDRO 8515 MENTIETH TERR. MIAMI LAKES, FL 33015
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NUNEZ, ADRIMIRA 426 E 9 CT HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BOUZA, ANTONIO 525 VITTORIO AVENUE MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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08/26/04-80001-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: ANTONIO BOUZA 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-22-04 786357-2055
Date Daytime Phone #