2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019707

JAMAL, ALI D

2413 ROLLING BROAK DR

ORLANDO, FL 32837

Name:

Address:

City-St-Zip:

FILED Apr 08, 2004 Secretary of State

Entity Name: BUSINESS MANAGEMENT PROFESSIONALS, INC.						
Current Pi	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
2413 ROLLING BROAK DR ORLANDO, FL 32837			SUITE # 10	6753 KINGSPOINTE PARKWAY SUITE # 107 ORLANDO, FL 32819		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
	ING BROAK E , FL 32837	DR .				
FEI Number:	59-3702548	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
	MHMOOD LING BROAK E , FL 32837	DR .	2413 ROLL	JAMAL, MAHMOOD 2413 ROLLING BROAK DR ORLANDO, FL 32837		
The above in the State		ubmits this statement for the pu	urpose of changing i	ts registered o	ffice or registered agent, or both,	
SIGNATUR	RE: MAHMOC	D JAMAL		04/08/2004		
	Electron	c Signature of Registered Ager	nt		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS	AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () JAMAL, MAHMO 2413 ROLLING ORLANDO, FL	BROAK DR	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	V () MOLANO, ESCO 2413 ROLLING ORLANDO, FL	BROAK DR	Title: Name: Address: City-St-Zip:	V (X) MOLANO-ESCO 2413 ROLLING ORLANDO, FL	BROAK DR	
Title: Name: Address: City-St-Zip:	D () JAMAL, OMAR 2413 ROLLING ORLANDO, FL		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title:	D ()	Delete	Title:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MAHMOOD JAMAL P 04/08/2004