

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90772 019 \*\*\*150.00

<b>DOCUMENT # P01000037131</b> 1. Entity Name <b>B &amp; M GROUP CORP.</b>	
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Principal Place of Business <del>8113 NORTHWEST 94TH LANE</del> <b>10218 NW 82 STREET</b> TAMARAC, FL 33321	Mailing Address <del>8113 NORTHWEST 94TH LANE</del> <b>10218 NW 82 STREET</b> TAMARAC, FL 33321
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2. Principal Place of Business <b>10218 NW 82 STREET</b> Suite, Apt. #, etc.	3. Mailing Address <b>10218 NW 82 ST.</b> Suite, Apt. #, etc.
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City & State <b>TAMARAC, FL.</b>	City & State <b>TAMARAC, FL.</b>	4. FEI Number <b>65-1093261</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33321</b>	Country <b>USA</b>	Zip <b>33321</b>	Country <b>USA</b>

17010006



03042004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A.</b> 1840 SOUTHWEST 22ND STREET 4TH FLOOR MIAMI, FL 33145	7. Name and Address of New Registered Agent Name Street Address (P. O. Box Number is Not Acceptable) City <div style="text-align: right; display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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 \_\_\_\_\_ DATE \_\_\_\_\_

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	URQUIOLA, JACQUELINE			NAME			
STREET ADDRESS	8113 N.W. 94 LANE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURGOS, MARCOS			NAME			
STREET ADDRESS	8113 N.W. 94 LANE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33321			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 attachments.

**SIGNATURE:** Jacqueline Urquiola  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-28-04** Daytime Phone #: **954-726-4974**