


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90356 041 ***150.00

DOCUMENT # P02000129008 1. Entity Name BMG MODELOS, CORP.					
Principal Place of Business 1045 KANE CONCOURSE SUITE 212 BAY HARBOR ISLAND, FL 33154			Mailing Address 1045 KANE CONCOURSE SUITE 212 BAY HARBOR ISLAND, FL 33154		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ADARRAGA, ANGELA 14740 SW 80TH ST MIAMI, FL 33193				--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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, BLANCA M		NAME	BLANCA M. GARCIA	
STREET ADDRESS	1566 NE 191 ST APT 322		STREET ADDRESS	17021 N. BAY ROAD 4-1015	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP	SUNNY ISLE BEACH, FL 33160	
TITLE	V	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELASCO, ALVARO		NAME	ALVARO VELASCO	
STREET ADDRESS	1566 NE 191 ST APT 322		STREET ADDRESS	17021 N. BAY ROAD 4-1015	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33179		CITY-ST-ZIP	SUNNY ISLE BEACH, FL 33160	
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 empowered.					
SIGNATURE: <u><i>Blanca Garcia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: <u>04-28-04</u> (305) 868-8007 <small>Day of Filing</small>					

14015859



03242004 Chg-P CR2E034 (10/03)

4. FEI Number
46-0511563

Applied For
Not Applicable

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