2008 FOR PROFIT CORPORATION

Apr 14, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-14-2008 90062 014 ***150.00 **DOCUMENT # P04000063278** BMI BANKERS MORTGAGE & INVESTMENTS, INC. Principal Place of Business Mailing Address 13170 SW 128TH ST. 7445 SW 18TH CT MIAM!, FL 33183 STE. 207 MIAMI, FL 33186 02192008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-1144775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARGENAL, MARCO A DO NOT WRITE 7445 SW 118TH CT MIAMI, FL 33183 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ARGENAL, MARCO A NAME 7445 SW 118TH CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 TIT1 F STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions coprained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is pute and accurate and that my signature shall be exemptions capitally be a first 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:

CITY-ST-ZiP TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Daytime Phone #

FILED