2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

May 02, 2005 8:00 am Secretary of State 05-02-2005 90417 045 ***150.00 DOCUMENT # P04000072177 1. Entity Name BMI OF MIAMI, INC. 14012441 Principal Place of Business Mailing Address 10000 S.W. 122 TERRACE 10000 S.W. 122 TERRACE MIAMI, FL 33176 MIAMI, FL 33176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Ant # etc. 04282005 Chg-P CR2E034 (10/03) 4. FEI Number 6635445 City & State City & State Applied For Not Applicable Country Zin Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WELLISCH, IRA S Street Address (P.O. Box Number is Not Acceptable) 10000 S.W. 122 TERRACE MIAMI, FL 33176 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_ 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 \Box Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. president Johanne Zephie 10000 swizzterr ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP miami FL 33176 CITY-ST-ZIP Vice President TITLE ☐ Delete Change **Addition** Chery 1 Deets NAME NAME 10000 SW 122 Terr STREET ADDRESS STREET ADDRESS FL 33176 CITY-ST-ZIP CITY-ST-ZIP Sec/treasure Delete TITLE Change Addition TIZA WELLISCH 10000 SW 122 TENT MYANNI FL 33176 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delele TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST+ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of trustee impowered 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

OFFICER OR DIRECTOR

FILED

Daytime Phone #