2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED

## Mar 31, 2006 08:00 AM Secretary of State DOCUMENT # P04000156861 t. Entity Name BRM FAMILY INVESTMENT GROUP CORP. Mailing Address Principal Place of Business 15480 SW 59TH ST MIAMI FL 33193 15480 SW 59TH ST MIAMI FL 33193 2. Principal Place of Business 3. Mailing Address Suite, Apt. Jl, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 43-1723565 Not Applicat Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, MADELYN 15480 SW 59TH ST Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33193** City 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 (NOTE: Registered Agent signature required when registating) DATE Eugnature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May C. After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. THILE ☐ Delete THE Change Add.... U00000486506 NAME MARTINEZ, MADELYN S NAME 04/13/06-80041-006 150.00 STREET ADDRESS 15480 SW 59TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZIP ☐ \*.\*\*\*\* TITLE ☐ Delete THE Change MAME MARTINEZ, NORMA C NAME STREET ADDRESS 15480 SW 59TH ST STREET ADDRESS C177-S1-Z1P CITY-ST-ZIP MIAMI FL 33193 Detate ET Change [ ] Addition TITLE HEL NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CSTY -ST-ZYP ☐ AA 117LE ☐ Delete BILE ☐ Change NAME NAME SIGGET ADDRESS STREET ADDRESS CITY-51-70 CITY-ST-202 TITLE Delete THILE Dames. NAME NAME STREET ADDRESS STREET ADDRESS City St-202 CITY-ST-ZIP □ A.... ☐ Change Defete DILL mu NAME NAME. STREET ADDRESS STREET ADDRESS CSTY - ST - 71P CUY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered by 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 appropriate lighter like empowered.

G OFFICER OR DIRECTOR

**FILED**