

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

4/16/2008-90027-045-\$150.00-\$150.00 \*  
~~9/4/2008-90045-045-\$550.00-\$550.00~~

**FILED**

08 OCT -1 PM 3:26

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



08312008 Chg-P CR2E034 (12/06)

**DOCUMENT # P06000045021**

1. Entity Name  
**BMS BUILDING SERVICES, INC.**

Principal Place of Business  
 9896 NW 123 STREET  
 HIALEAH GARDENS, FL 33018

Mailing Address  
 9896 NW 123 STREET  
 HIALEAH GARDENS, FL 33018

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country

4. FEI Number  
**APPLIED FOR 20-4594592**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, BAYARDO A**  
 9896 NW 123 STREET  
 HIALEAH GARDENS, FL 33018

7. Name and Address of Now Registered Agent

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: *[Signature]* DATE: **08-31-08**

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

**FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, BAYARDO A 9896 NW 123 STREET HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: *[Signature]* DATE: **08-31-08** DAYTIME PHONE #: **305-282-8574**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KS