## 2008 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER O

G OFFICER OR DIRECTOR

SIGNATURE: \_

04-01-2008,90011 018 \*\*\*150.00 F 11-E 607000025108 SECRETARY 807000025108 DIVISION OF CORPORATIONS **ANNUAL REPORT DOCUMENT # P07000025108** 08 APR 30 PM 2: 46 1. Entity Name B M PRODUCTS INC **ქ**ესუხყას Principal Place of Business Mailing Address 1111 S.W. 31 STREET 1111 S.W. 31 STREET FT LAUDERDALE, FL 33315 FT LAUDERDALE, FL 33315 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. . 01312008 Chg-P CR2E034 (12/06) City & State City & State polied For [Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MODAS, DANIEL A Street Address (P.O. Box Number is Not Acceptable) 1215 S.E. 2ND AVE. #202 FT. LAUDERDALE, FL 33335 City Zip Code 9. 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signisture required when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change LANDESS, BLAINE NAME NAME 1111 S.W. 31 STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 33315 CITY-ST-ZIP Change Addition TITLE Deleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TITLE Change Addition TITLE MANE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete IIILE TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-SE-7IP CITY-SI-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete IIILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP " 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I turther 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.

March 5,2008

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