

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000037827

**FILED**  
**Mar 04, 2005**  
**Secretary of State**

**Entity Name:** BMS PROCUREMENT SERVICE, INC.

**Current Principal Place of Business:**

111 ANTIQUERA AVE., STE 4  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4000 PONCE DE LEON BLVD.  
SUITE 470  
CORAL GABLES, FL 33146

**New Mailing Address:**

**FEI Number:** 65-0494727      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RODRIGUEZ, RUBEN  
111 ANTIGUERA AVE  
SUITE 4  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: RODRIGUEZ, RUBEN  
Address: 111 ANTIGUERA AVE, #4  
City-St-Zip: CORAL GABLES, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUBEN RODRIGUEZ

OWNE

03/04/2005

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date