

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91094 001 \*1,050.00

**66415349**



<b>DOCUMENT # P95000055044</b> 1. Entity Name <b>BMF CONSULTING, INC.</b>					
Principal Place of Business <b>2812 NW 35TH STREET MIAMI, FL 33125</b>			Mailing Address <b>2812 NW 35TH STREET MIAMI, FL 33125</b>		
2. Principal Place of Business <b>18090 COLLINS AVE</b>		3. Mailing Address <b>18090 COLLINS AVE</b>		04092004    Chg-P    CR2E034 (10/03)  4. FEI Number <b>65-0597420</b> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. <b>TIS</b>		Suite, Apt. #, etc. <b>TIS</b>			
City & State <b>NMB</b>		City & State <b>NMB</b>			
Zip <b>33160</b> Country <b>USA</b>		Zip <b>33160</b> Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>PALINSKY, ILYA 2812 NW 35TH STREET MIAMI, FL 33142</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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: <span style="float: right;">DATE _____</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PALINSKY, ILYA 2812 NW 35TH STREET MIAMI, FL 33142	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>18090 COLLINS AVE</b> <b>NMB FL. 33160</b>
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 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:			Date <b>4/15/04</b> Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					