

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000077818

**FILED**  
**Mar 10, 2004**  
**Secretary of State**

**Entity Name:** BMS OF COCONUT GROVE, INC.

**Current Principal Place of Business:**

5901 S.W. 74 STREET, SUITE 205  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

5901 S.W. 74 STREET, SUITE 205  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 65-0695311      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROWN, VICTOR  
5901 S.W. 74 STREET, SUITE 205  
MIAMI, FL 33143 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: P ( ) Delete  
Name: BROWN, VICTOR  
Address: 5901 S.W. 74 STREET, SUITE 205  
City-St-Zip: MIAMI, FL 33143

Title: VP ( ) Delete  
Name: BROWN, DAVID  
Address: 5901 S.W. 74 ST #205  
City-St-Zip: MIAMI, FL 33143

Title: S ( ) Delete  
Name: BROWN, STEVEN  
Address: 5901 S.W. 74 ST #205  
City-St-Zip: MIAMI, FL 33143

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

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

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

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: VICTOR BROWN

VP

03/10/2004

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

\_\_\_\_\_ Date