

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90012 030 ***150.00

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1. Entity Name
BM DON MANAGEMENT CORP.



Principal Place of Business
**5280 N. OCEAN DR.
SINGER ISLAND, FL 33404**

Mailing Address
**5280 N. OCEAN DR.
16 C
SINGER ISLAND, FL 33404**

44007263



2. Principal Place of Business
2725 KINSINGTON CIRCLE
Suite, Apt. #, etc.

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

01262004 Chg-P CR2E034 (10/03)

City & State
WESTON, FLORIDA

City & State

4. FEI Number
65-0778141

Applied For
Not Applicable

Zip
33332

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**DONIGER, DEBORAH
5280 N. OCEAN DR.
SINGER ISLAND, FL 33404**

7. Name and Address of New Registered Agent

Name **DONIGER, DEBORAH**
Street Address (P.O. Box Number is Not Acceptable)
2725 KINSINGTON CIRCLE
City **WESTON** FL Zip Code **33332**

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

2/4/04
DATE

**FILE NOW!! FEE IS \$150.00.
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **DONIGER, DEBORAH**
STREET ADDRESS **5280 N OCEAN DR**
CITY-ST-ZIP **SINGER ISLAND, FL 33404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
NAME **DONIGER, DEBORAH**
STREET ADDRESS **2725 KINSINGTON CIRCLE**
CITY-ST-ZIP **WESTON, FL. 33332**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

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: **Deborah Doniger**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/04 Date
561-379-7873 Daytime Phone #