


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90036 047 \*\*\*150.00

<b>DOCUMENT # P97000091922</b> 1. Entity Name <b>BMFT ENTERPRISES, INC.</b>					
Principal Place of Business <b>1541 SUNSET DRIVE SUITE 203 CORAL GABLES, FL 33143</b>			Mailing Address <b>1541 SUNSET DRIVE SUITE 203 CORAL GABLES, FL 33143</b>		
2. Principal Place of Business <b>7500 Red Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>7500 Red Road</b> Suite, Apt. #, etc.			
City & State <b>South Miami, FL</b> Zip <b>33143</b>		City & State <b>South Miami, FL</b> Zip <b>33143</b>		4. FEI Number <b>65-0791981</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FERNANDES, MARCELO 1541 SUNSET DRIVE # 203 CORAL GABLES, FL 33143</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>FERNANDES, MARCELO 1541 SUNSET DRIVE SUITE 203 CORAL GABLES, FL 33143</b>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Delete         <div>           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>PD Fernandes, Marcelo 7500 Red Road South Miami, FL 33143</b> </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </div> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </div>			
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: _____ <b>3/15/04</b> <b>305-1663-1293</b> <small>SIGNATURE OF OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					