

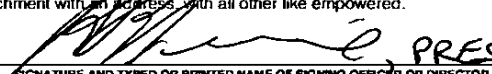


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90071 001 \*\*\*150.00

<b>DOCUMENT # P97000097375</b> 1. Entity Name <b>BMA INVESTMENTS, INC.</b>					
Principal Place of Business <b>3696 N. FEDERAL HWY SUITE 203 FORT LAUDERDALE, FL 33308 US</b>			Mailing Address <b>3696 N. FEDERAL HWY SUITE 203 FORT LAUDERDALE, FL 33308 US</b>		
2. Principal Place of Business <b>17751 S.E. 89th Milford Suite, Apt. #, etc. Avenue</b>		3. Mailing Address <b>17751 S.E. 89th Milford Suite, Apt. #, etc. Avenue</b>			
City & State <b>Lady Lake, FL</b>		City & State <b>Lady Lake, FL</b>		4. FEI Number <b>65-0799654</b>	
Zip <b>32162</b>		Country <b>U.S.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PIOTRKOWSKI, JOEL S 317 - 71ST STREET MIAMI BEACH, FL 33141</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 re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD MARKOFKY, STANLEY 6300 VIA PALLADIUM BOCA RATON, FL 33433</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARK, LOUIS 9868 SOUTH CRESCENT VIEW DR. BOYNTON BEACH, FL 33437</b>	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<b>P ARTHUR LEVINE 17751 S.E. 89th Milford Avenue Lady Lake, FL 32162</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		<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 all other like empowered.					
<b>SIGNATURE:</b> 		<b>PRES.</b>		<b>02/15/05 786-229-3224</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
<b>ARTHUR LEVINE, PRESIDENT</b>					