

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90016 027 ***150.00

DOCUMENT # P98000040545

1. Entity Name
BMR&S, INC.



Principal Place of Business
10820 WILES ROAD
CORAL SPRINGS, FL 33067

Mailing Address
541 S STATE RD 7
SUITE 1
MARGATE, FL 33068

40117614



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

7124 Nod Hill Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05182007 Chg-P CR2E034 (12/06)

City & State

City & State
TAMARAC, FL.

4. FEI Number
65-0845333

Applied For
Not Applicable

Zip

Country

Zip

33321

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MISEVESKY, TODE
10820 WILES ROAD
CORAL SPRINGS, FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
PD
MISEVSKI, TODE
10820 WILES ROAD
CORAL SPRINGS, FL 33067 ☐ Delete

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

TITLE
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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Tode Misesky

5-18-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #