

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000047505

FILED  
Apr 20, 2004  
Secretary of State

Entity Name: BMR INVESTIGATORS OF FLORIDA, INC.

## Current Principal Place of Business:

3455 BROKEN WOODS DRIVE  
SUITE A  
CORAL SPRINGS, FL 33065

## New Principal Place of Business:

10101 W. SAMPLE ROAD  
SUITE A  
CORAL SPRINGS, FL 33065

## Current Mailing Address:

3455 BROKEN WOODS DRIVE  
SUITE A  
CORAL SPRINGS, FL 33065

## New Mailing Address:

10101 W. SAMPLE ROAD  
SUITE A  
CORAL SPRINGS, FL 33065

FEI Number: 65-0839503

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOWECK, JOSEPH T  
3455 BROKEN WOODS DR  
POMPANO BEACH, FL 33065 US

## Name and Address of New Registered Agent:

MONECK, JOSEPH T  
341 SE 10TH STREET  
POMPANO BEACH, FL 33065 US

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: JOSEPH T. MONECK

04/20/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: MONECK, JOSEPH T  
Address: 3455 BROKEN WOODS DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: MONECK, JOSEPH T  
Address: 341 SE 10TH STREET  
City-St-Zip: POMPANO BEACH, FL 33060 US

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: JOSEPH T. MONECK

PSTD

04/20/2004

Electronic Signature of Signing Officer or Director

Date